10/19/2010 11:19

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day Х (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the DC 11 02 2010 Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Special (30S) Post -Election General (30G) Report for the: **Termination Report** (TER) in the Election on State of 10 0 1 2010 10 13 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 10 19 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/104

	FEG Form 3X (Rev. 02/2003)		2 / 104
V	Vrite or Type Committee Name American Hospital Association PAC		
F	Report Covering the Period: From:	0 1 Y Y Y Y Y 2 0 1 0	To: 10 13 2010
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 20 10 Y Y Y		2190847.18
	(b) Cash on Hand at Begining of Reporting Period	1973834.02	
	(c) Total Receipts (from Line 19)	104419.28	1351192.73
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2078253.30	3542039.91
7.	Total Disbursements (from Line 31)	594842.28	2058628.89
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1483411.02	1483411.02
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

3 / 104 FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

м м 1 0 From:

D D 0 1

2 0 1 0

м м 1 0

D D 13

^Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	57409.87	564837.23
	(ii) Unitemized	36159.41	264331.86
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	93569.28	829169.09
(I	b) Political Party Committees	0.00	0.00
`	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	93569.28	829169.09
	Fransfers From Affiliated/Other Party Committees	10850.00	489682.61
3. A	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	14637.54
to	o Federal candidates and Other Political Committees	0.00	15750.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	1953.49
	Fransfers from Non-Federal and Levin Funds		
(;	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(I	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	104419.28	1351192.73
	otal Federal Receipts Subtract Line 18(c) from Line 19)	104419.28	1351192.73

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 104

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	525342.28	537380.54
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii) and (b))	525342.28	537380.54
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	69500.00	1268875.31
Independent Expenditure (use Schedule E)	0.00	251455.54
5. Coordinated Expenditures Made by Party		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
S. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	705.00
Than Political Committees	0.00	725.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	725.00
Other Disbursements	0.00	192.50
D. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	594842.28	2058628.89
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	594842.28	2058628.89

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operatir Expenditures	ng COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) from Line 11(d), page 3)	93569.28	829169.09
4. Total Contribution Refunds (from Line 28(d))	0.00	725.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	93569.28	828444.09
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5253/2 28	537380.54
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	14637.54
8. Net Operating Expenditures (subtract Line 37 from Line 36)	525342.28	522743.00

FE6AN026

A.

В.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Section approach the state of the	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 6 / 104 (check only one) 11a 11b 11c X 12 13 14 15 16 17 In for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC	e name and address of any political committee to	Solicit Contributions from Such Committee.
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PA Mailing Address One Empire Drive City Rensselaer	State Zip Code NY 12144	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify)	C C00160259 Occupation Aggregate Year-to-Date ▼ 168500.00	10000.00
Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC Mailing Address 5510 Research Park [City	Drive State Zip Code	Date of Receipt M M M
Madison FEC ID number of contributing federal political committee.	WI 53725-9038 C C00359455	Amount of Each Receipt this Period 850.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 8182.61	

		10950.00
SUBTOTAL of Receipts This Page (optional)	•	10850.00
TOTAL This Period (last page this line number only)		10850.00

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for eac	eparate schedule(s) th category of the ed Summary Page	FOR LINE NUMBER: PAGE 7 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be so name and address of ar	old or used by any perso ny political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Mr. Dale M Lodge Mailing Address 41 Highland Avenue City Winchester FEC ID number of contributing federal political committee. Name of Employer Winchester Hospital	C Occupation	90-1496	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ief Executive Officer Date ▼ 350.00	
В.	Full Name (Last, First, Middle Initial) Ms. Henrietta S. Fielek Mailing Address 110 4th St., SE			Date of Receipt 1 0 0 4 2 0 1 0
	City Washington FEC ID number of contributing federal political committee. Name of Employer American Hospital Associa-	State Zip C DC 2000 C Occupation Vice President	Ode 03-1012	Transaction ID: 18617710 Amount of Each Receipt this Period 1000.00
	tion-Washingt Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	1000.00	
_ C.	Full Name (Last, First, Middle Initial) Mr. Michael J. Rock Mailing Address 325 Seventh Street, NV Suite 700	I		Date of Receipt 10 04 2010
	City	State Zip C		Transaction ID: 18621706
	Washington FEC ID number of contributing federal political committee.	DC 2000	04-2818	Amount of Each Receipt this Period 250.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Sr. Associate Dire Aggregate Year-to-D		
	Primary General Other (specify) ▼	, 1991 og ato 1 cal -10-L	250.00	
	SUBTOTAL of Receipts This Page (optional)			1600.00
	TOTAL This Period (last page this line number of	inly)		

Mailing Address 1132 Nichols Ct. City State Zip Code Transaction ID: 18626977 Millersville MD 21108-2152 FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital of Maryland Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 11
American Hospital Association PAC Full Name (Last, First, Middle Initial) M. Jelfoy Mation Maling Address 1132 Nichols Ct. City State Zip Code MID 21109.2152 FEC ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial) Name of Employer Good Samantian Hospital of Maryland Receipt For: Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Date of Receipt Aggregate Year-to-Date Date of Receipt Date of Receipt Aggregate Year-to-Date Date of Receipt Date of Receipt Amount of Each Receipt this Period Date of Receipt Date of Receipt Instrument of Contributing federal political committee. C Date of Receipt Dat	Any information copied from such Repror for commercial purposes, other than	orts and Statements may not be sold or used by any personusing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Mailing Address 1132 Nichols Ct. City State Zip Code MD 21108-2152 FEC ID number of contributing federal political committee. C C Cocupation Senior Vice President and COO Aggregate Year-to-Date ▼ C C Cty Date of Receipt this Period C C Cty Date of Contributing federal political committee. Full Name (Last, First, Middle Initial) Annual of Each Receipt this Period C C Cty Date of Englyer Contributing federal political committee. Full Name (Last, First, Middle Initial) Annual of Each Receipt This Period C C Cty Date of Englyer Contributing federal political committee. C C Cty Date of Receipt Time Period C C C Cty Date of Englyer Contributing federal political committee. Full Name (Last, First, Middle Initial) Annual of Englyer Contributing federal political committee. C C Cty Date of Englyer Contributing federal political committee. Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Cocupation Senior Vice President Aggregate Year-to-Date ▼ Cty Date of Receipt Time Period Cty Date of Receipt Time Da	1 1	n PAC	
City Millersville MD 21108-2152 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Maling Address 2016 Industrial Drive City State Zip Code Annapolis MD 21401-2942 FUI Name (Last, First, Middle Initial) Maling Address MD 21401-2942 FEC ID number of contributing federal political committee. City State Zip Code Annapolis MD 21401-2942 FEC ID number of contributing federal political committee. City State Zip Code Annapolis MD 21401-2942 FEC ID number of contributing federal political committee. City State Zip Code Annapolis Aggregate Year-to-Date ▼ Transaction ID: 18262998 Amount of Each Receipt this Period Transaction ID: 18262998 Amount of Each Receipt this Period Transaction ID: 18262998 Amount of Each Receipt this Period Transaction ID: 18262998 Amount of Each Receipt this Period Transaction ID: 18262998 Transaction ID: 18262998 Amount of Each Receipt this Period Transaction ID: 18262998 Transaction ID: 182629989 Amount of Each Receipt this Period Transaction ID: 182629989 Transaction ID: 1826	• • • •		Date of Receipt
Millersville FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital of Mayand Receipt Formary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address 2016 Industrial Drive City State Zip Code Annapolis MD 21401-2942 FEC ID number of contributing federal political committee. Name of Employer Maryland Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address 2016 Industrial Drive City State Zip Code MD 21401-2942 FEC ID number of contributing federal political committee. Name of Employer Maryland Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address 2500 NE Neff Road City State Zip Code OR 97701-6015 Full Name (Last, First, Middle Initial) Mailing Address 2500 NE Neff Road City State Zip Code OR 97701-6015 FEC ID number of contributing federal political committee. Name of Employer St. Charles Health System, Inc. Perimary General Occupation President and Chief Executive Officer Aggregate Vear-to-Date V Transaction ID: 18631905 Amount of Each Receipt this Period Aggregate Vear-to-Date V Date of Receipt Solution Solution President and Chief Executive Officer Aggregate Vear-to-Date V Primary General Other (specify) ▼ 1162.00			10 04 2010
FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital Senior Vice President and COO Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Y	-	·	
Serior Vice President Aggregate Year-to-Date ▼	FEC ID number of contributing		
Mailing Address 2016 Industrial Drive City State Zip Code MD 21401-2942 FEC ID number of contributing federal political committee. Name of Employer Maryland Hospital Association City State Zip Code MD 21401-2942 FEUI Name (Last, First, Middle Initial) City State Zip Code MD 255.00 Date of Receipt this Period FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ 255.00 Date of Receipt Transaction ID: 18626986 Amount of Each Receipt this Period FUII Name (Last, First, Middle Initial) City State Zip Code OR 97701-6015 FEC ID number of contributing federal political committee. Name of Employer St. Charles Health System, Inc. Receipt For: Aggregate Year-to-Date ▼ 500.00	of Maryland Receipt For: Primary General	Senior Vice President and COO Aggregate Year-to-Date ▼ 408.00	
City State Zip Code MD 21401-2942 FEC ID number of contributing federal political committee. Name of Employer Maryland Hospital Association Receipt For: Bend OR 97701-6015 FEC ID number of contributing federal political committee. C C 255.00 C Coccupation Senior Vice President Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 18626986 Amount of Each Receipt this Period Amount of Each Receipt this Period Date of Receipt Transaction ID: 18626986 Amount of Each Receipt this Period Date of Receipt Transaction ID: 18631905 Transaction ID: 18631905 Amount of Each Receipt this Period C C Coccupation Transaction ID: 18631905 Transaction ID: 18631905 Amount of Each Receipt this Period C C Coccupation Transaction ID: 18631905 Transaction ID: 18631905 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C C Soccupation President and Chief Executive Officer Aggregate Year-to-Date ▼ St. Charles Health System, Inc. Receipt For: Primary General Other (specify) ▼ Stocked Transaction ID: 18631905 Amount of Each Receipt this Period Transaction ID: 18631905 Amount of Each Receipt this Period Transaction ID: 18631905 Transaction I	Ms Valerie Shearer Overton		M M / D D / Y Y Y Y
Annapolis MD 21401-2942 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Maryland Hospital Association Receipt For: Primary General Other (specify) ▼ State Zip Code OR 97701-6015 FEC ID number of contributing federal political committee. Date of Receipt Date of Receipt Transaction ID: 18631905 Amount of Each Receipt this Period Date of Receipt Transaction ID: 18631905 Amount of Each Receipt this Period Date of Receipt Transaction ID: 18631905 Amount of Each Receipt this Period Date of Receipt Transaction ID: 18631905 Amount of Each Receipt this Period Transaction ID: 18631905 Amount of Each Receipt this Period Transaction ID: 18631905 Amount of Each Receipt this Period Transaction ID: 18631905 Amount of Each Receipt this Period Transaction ID: 18631905 Amount of Each Receipt this Period Transaction ID: 18631905 Amount of Each Receipt this Period Transaction ID: 18631905 Amount of Each Receipt this Period Transaction ID: 18631905 Amount of Each Receipt this Period Transaction ID: 18631905 Amount of Each Receipt this Period Transaction ID: 18631905 Amount of Each Receipt this Period Transaction ID: 18631905 Amount of Each Receipt this Period Transaction ID: 18631905 Amount of Each Receipt this Period Transaction ID: 18631905 Amount of Each Receipt this Period Transaction ID: 18631905 Amount of Each Receipt this Period Transaction ID: 18631905 Amount of Each Receipt this Period	City	State Zin Code	
FEC ID number of contributing federal political committee. Name of Employer Maryland Hospital Association Receipt For: Primary General Qther (specify) ▼ Page 255.00 Full Name (Last, First, Middle Initial) Mr. James A. Diegel, FACHE Mailing Address 2500 NE Neff Road City State Zip Code QR 97701-6015 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer St. Charles Health System, Inc. Receipt For: Primary General Qccupation President and Chief Executive Officer Aggregate Year-to-Date ▼ Other (specify) ▼ 500.00	•	· ·	
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. James A. Diegel, FACHE Mailing Address 2500 NE Neff Road City State Zip Code Bend OR 97701-6015 FEC ID number of contributing federal political committee. Name of Employer St. Charles Health System, Inc. Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 1162 00		C	
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. James A. Diegel, FACHE Mailing Address 2500 NE Neff Road City State Zip Code OR 97701-6015 FEC ID number of contributing federal political committee. Name of Employer St. Charles Health System, Inc. Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 1162 00		'	7
Mr. James A. Diegel, FACHE Mailing Address 2500 NE Neff Road City State Zip Code Bend OR 97701-6015 FEC ID number of contributing federal political committee. Name of Employer St. Charles Health System, Inc. Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 18631905 Amount of Each Receipt this Period 500.00	Primary General		
City Bend OR 97701-6015 C Name of Employer St. Charles Health System, Inc. Receipt For: Primary General Other (specify) ▼ State Zip Code OR 97701-6015 Transaction ID: 18631905 Amount of Each Receipt this Period 500.00 Transaction ID: 18631905 Amount of Each Receipt this Period 500.00)	Date of Receipt
Bend OR 97701-6015 Amount of Each Receipt this Period C Name of Employer St. Charles Health System, Inc. Receipt For: Primary General Other (specify) ▼ OR 97701-6015 Amount of Each Receipt this Period 500.00 Aggregate Year-to-Date ▼ 500.00	Mailing Address 2500 NE Neff	Road	
FEC ID number of contributing federal political committee. Name of Employer St. Charles Health System, Inc. Receipt For: Primary General Other (specify) ▼ Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 500.00	City	·	Transaction ID: 18631905
Name of Employer St. Charles Health System, Inc. Receipt For: Primary General Other (specify) ▼ Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 500.00	Bend	OR 97701-6015	Amount of Each Receipt this Period
St. Charles Health System, Inc. Receipt For: Primary General Other (specify) ▼ President and Chief Executive Officer Aggregate Year-to-Date ▼ 500.00		C	500.00
Primary General Other (specify) ▼ 500.00	Inc.	· ·	
Other (specify) ▼ 500.00		Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		500.00	
COSTOTAL OF TOCOPIO THIS Fage (Optional)	SURTOTAL of Receipts This Page (c	ntional)	1163.00
	SOBIOTAL OF NECERPLS THIS FAGE (C	γιωται)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any pers name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
<u>∠</u> A .	Full Name (Last, First, Middle Initial) Ms. Martie Wisdom Mailing Address 501 Airport Rd City	State Zip Code	Date of Receipt M
	Rifle	CO 81650-8510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Grand River Hospital Dist- rict Receipt For: Primary Other (specify)	Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Woodrow W Hathaway Mailing Address 410 Benedicta Avenue		Date of Receipt 1 0 0 1 2 0 1 0
	City	State Zip Code	Transaction ID: 18634257
	<u>Trinidad</u>	CO 81082-2005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Mt. San Rafael Hospital	Occupation Chief Financial Officer	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Mr. Thomas Clairmont		Date of Receipt
	Mailing Address 80 Highland Street		10 12 2010
	City	State Zip Code	Transaction ID: 18637855
	Laconia FEC ID number of contributing federal political committee.	NH 03246-3235	Amount of Each Receipt this Period 500.00
	Name of Employer Lakes Region General Hosp- ital	Occupation President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
[SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 104 (check only one) X
Any information copied from such Reports and State or for commercial purposes, other than using the results of the state o	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Bruce King			Date of Receipt
Mailing Address 273 County Road			10 12 2010
City New London	State NH	Zip Code	Transaction ID: 18637856
FEC ID number of contributing federal political committee.	C	03257-5736	Amount of Each Receipt this Period 350.00
Name of Employer New London Hospital	Occupation Presiden	n t and Chief Executive Officer	_
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Stephanie Wolf-Rosenblum			Date of Receipt
Mailing Address P O Box 2014			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Nashua	State NH	Zip Code 03061-2014	Transaction ID: 18637857 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Southern New Hampshire Me- dical Center	Occupation Vice Pres	n sident Medical Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Thomas A Dee			Date of Receipt
Mailing Address 100 Hospital Drive East	t		10 06 YYYYY 10 06 2010
City	State	Zip Code	Transaction ID: 18663421
Bennington FEC ID number of contributing federal political committee.	C	05201-5004	Amount of Each Receipt this Period 500.00
Name of Employer Southwestern Vermont Medi- cal Center		ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1200.00
TOTAL This Period (last page this line number o	only)		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for eac	parate schedule(s) n category of the d Summary Page	FOR LINE NUMBER: PAGE 11 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	any information copied from such Reports and a r for commercial purposes, other than using the	Statements may not be so an ame and address of an	ld or used by any perso y political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
. ∠ \.	Full Name (Last, First, Middle Initial) Mr. Steve M. Ahnen			Date of Receipt
	Mailing Address 125 Airport Road			10 06 2010
	City	State Zip C		Transaction ID: 18663427
	Concord	NH 0330	1-7300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer New Hampshire Hospital As-	Occupation President and CE	0	
	sociation Receipt For:	Aggregate Year-to-D		
	Primary General Other (specify) ▼		416.69]
 3.	Full Name (Last, First, Middle Initial) Mr. Daniel McInerney, Jr.	1		Date of Receipt
	Mailing Address 150 South Fifth Street Suite 2300			10 06 2010
	City	State Zip C		Transaction ID: 18663430
	Minneapolis	MN 5540	2-4200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Leonard, Street & Deinard, PA	Occupation Chair, Health Law	Department	
	Receipt For:	Aggregate Year-to-D	ate ▼	
	Primary General Other (specify) ▼	0 0 0 0	250.00	
	Full Name (Last, First, Middle Initial) Mr. David R. Carpenter	1		Date of Receipt
	Mailing Address 6229 Northlake Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip C	ode	Transaction ID: 18663431
	<u>Parkville</u>	MO 6415	2-6080	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		850.00
	Name of Employer North Kansas City Hospital	Occupation President and Chi	ef Executive Office	r
	Receipt For:	Aggregate Year-to-D	ate V	
	Primary General Other (specify) ▼		850.00	
Γ	SURTOTAL of Receipts This Page (entires)			1183.33
L.	SUBTOTAL of Receipts This Page (optional) .			
	TOTAL This Period (last page this line number	only))	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any per name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Karen O Moore, , R.N., MS		Date of Receipt
Mailing Address 1400 State Street City	State Zip Code	Transaction ID: 18663435
Springfield	MA 01109-2550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Kindred Hospital Park View	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins Mailing Address 6180 Lower Mountain	Dood	Date of Receipt
Maining Address 6160 Lower Mountain	noau	10 01 2010
City	State Zip Code	Transaction ID: 18663690
New Hope	PA 18938	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation Sr. VP., Health Economics	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 278.78	
Full Name (Last, First, Middle Initial) Mr. Kenneth Hanover		Date of Receipt
Mailing Address 85 Herrick Street		10 12 2010
City	State Zip Code	Transaction ID: 18665428
Beverly	MA 01915-1790	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Northeast Health System	Occupation President and Chief Executive Offi	icer
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1005.00
TOTAL This Period (last page this line number		<u> </u>

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Timothy J Tracy		Date of Receipt
	Mailing Address 20 South Plum Street		10 13 / Y Y Y Y Y
	City Vermillion	State Zip Code SD 57069-3346	Transaction ID: 18665430
	FEC ID number of contributing federal political committee.	C 57009-3340	Amount of Each Receipt this Period 250.00
	Name of Employer Sanford Vermillion Medical Center Receipt For: Primary General Other (specify)	Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 250.00	
_ s.	Full Name (Last, First, Middle Initial) Ms. Leslie A. Joseph Mailing Address 330 Mount Auburn Str	eet	Date of Receipt
	City	State Zip Code	10 13 2010
	Cambridge	State Zip Code MA 02138-5502	Transaction ID: 18665434 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 02130 3302	300.00
	Name of Employer Mount Auburn Hospital	Occupation Vice President, General Counsel	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Ms Kathryn Burke	<u> </u>	Date of Receipt
	Mailing Address 1561 Quaker Street		10 13 7 2010
	City	State Zip Code	Transaction ID: 18665435
	Northbridge	MA 01534-1328	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Mount Auburn Hospital	Occupation V.P. Contracting & Bus. Developmen	t
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Г	SUBTOTAL of Receipts This Page (optional)	ı	800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any persore name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Eileen Dillon		Date of Receipt
Mailing Address 3 Newton Rd	7.0.1	10 13 2010
City <u>Arlington</u>	State Zip Code MA 02474-3209	Transaction ID: 18665436 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mount Auburn Hospital	Occupation Exexcutive Director, Quality & Service	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Michael E. Sroczynski, Esq.		Date of Receipt
Mailing Address 681 East 5th Street #2		10 13 2010
City	State Zip Code	Transaction ID: 18665439
Boston	MA 02127-3201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer Massachusetts Hospital As- sociation	Occupation Vice President, Government Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00	
Full Name (Last, First, Middle Initial) Ms. Sally Jeffcoat		Date of Receipt
Mailing Address 2739 N. Lakeharbor		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18665734
Boise	ID 83703-6240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Saint Alphonsus Regional Medical Cente	Occupation President and CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		990.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 104 (check only one) X 11a 11b 11c 12
	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Steven A. Millard		Date of Receipt
Mailing Address 2268 E. Shalimar Dr	7.0.4	10 04 2010
City <u>Eag</u> le	State Zip Code ID 83616-6608	Transaction ID: 18665735 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Idaho Hospital Association	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Margaret Hinson		Date of Receipt
Mailing Address 1824 Jones Road		M M / D D / Y Y Y Y Y Y 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18665736
Weiser	ID 83672-5536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Weiser Memorial Hospital	Occupation Hospital Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Ms. Sheryl Rickard		Date of Receipt
Mailing Address Box 1448		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18665737
Sandpoint	ID 83864-0877	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Bonner General Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for e	separate schedule(s) ach category of the	FOR LINE NUMBER: PAGE 16 / 104 (check only one)
		iled Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Gary Fletcher			Date of Receipt
Mailing Address 190 East Bannock Str	eet		M M / D D / Y Y Y Y Y 1 Y 1 1 D D / Y 2 D 1 D
City	State Zip	Code	Transaction ID: 18665738
Boise	ID 83	712-6241	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer St. Luke's Regional Medic-	Occupation Chief Executive	Officer	
al Center Receipt For:	Aggregate Year-to		\dashv
Primary General Other (specify) ▼	riggregate rearto	250.00	
Full Name (Last, First, Middle Initial) Mr. Norman F Stephens	ı		Date of Receipt
Mailing Address 651 Memorial Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip	Code	Transaction ID: 18665751
Pocatello	`	201-4071	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Portneuf Medical Center	Occupation President and C	Chief Executive Office	r
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Robert A Gundersen	l		Date of Receipt
Mailing Address 2001 Washington Stre	eet		10 13 2010
City	State Zip	Code	Transaction ID: 18668569
Braintree	MA 02	184-8658	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		350.00
Name of Employer Kindred Hospital Northeas- t-Braintree	Occupation Chief Executive	Officer	
Receipt For:	Aggregate Year-to	-Date ▼	
Primary General Other (specify) ▼	0 0 0 0	350.00]
SUBTOTAL of Receipts This Page (optional)			850.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 104 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any pe le name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. James C Cannon Mailing Address 12844 Military Road City Seattle	South State Zip Code WA 98168-9981	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Regional Hospital for Respiratory and Receipt For: □ Primary □ General Other (specify) ▼	Occupation Administrator and Chief Executive Aggregate Year-to-Date 250.00	250.00 Offi
Full Name (Last, First, Middle Initial) Mr Robert A Caplan Mailing Address 1100 Ninth Avenue		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Seattle	State Zip Code WA 98101-2756	Transaction ID: 18678793
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Virginia Mason Medical Ce- nter	Occupation Medical Director of Quality	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. George Beauregard		Date of Receipt
Mailing Address 363 Highland Avenue		10 13 2010
City <u>F</u> all River	State Zip Code MA 02720-3703	Transaction ID: 18678811 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Southcoast Hospitals Group	Occupation Chief Medical Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	-1	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 104 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	nd Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms Linda Bodenmann Mailing Address 363 Highland Aven		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fall River	State Zip Code MA 02720-3703	Transaction ID: 18678812 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Southcoast Hospitals Group Receipt For: Primary General Other (specify) ▼	Occupation Chief Operating Officer Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Mr. Steven F Bradley Mailing Address 759 Chestnut Street	et	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18678814
Springfield	MA 01199-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Baystate Health, Inc.	Occupation Vice President Government & Commu	unity
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Timothy F. Gens Mailing Address 5 New England Exe	ecutive Park	Date of Receipt
City	State Zip Code	10 13 2010
Burlington	MA 01803-5010	Transaction ID: 18678817 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Massachusetts Hospital As- sociation	Occupation Executive Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
CURTOTAL of Desciote This Days (auties	al)	800.00

SCHEDULE A (FEC Form 3X)

City State Zip Code MA 01301-2613 FEC ID number of contributing federal political committee. Name of Employer Baystate Franklin Medical Center Receipt For: Primary	IEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A. Mr. Charles Gijanto Mailing Address 164 High Street City State Zip Code Greenfield MA 01301-2613 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ State Zip Code MA 01301-2613 Amount of Each Receipt this Perecept For: Primary General Other (specify) ▼ State Zip Code MA 02199-8001 Date of Receipt Transaction ID: 18678818 Amount of Each Receipt this Perecept For: Aggregate Year-to-Date ▼ Transaction ID: 18678819 Amount of Each Receipt this Perecept For: Name of Employer Partners HealthCare Syste MA 02199-8001 EUI Name (Last, First, Middle Initial) City State Zip Code MA 02199-8001 FEC ID number of contributing federal political committee. Coccupation Administrator, Chief Operating Officer Receipt For: Primary General Other (specify) ▼ State Zip Code MA 01950-3867 FUI Name (Last, First, Middle Initial) City State Zip Code MA 01950-3867 FEC ID number of contributing federal political committee. City State Zip Code MA 01950-3867 FEC ID number of contributing federal political committee. City State Zip Code MA 01950-3867 FEC ID number of contributing federal political committee. City State Zip Code MA 01950-3867 FEC ID number of contributing federal political committee. City State Zip Code MA 01950-3867 FEC ID number of contributing federal political committee. City State Zip Code MA 01950-3867 FEC ID number of contributing federal political committee. City State Zip Code MA 01950-3867 FEC ID number of contributing federal political committee. City Aggregate Year-to-Date ▼ Transaction ID: 18678820 Amount of Each Receipt this Perecept To-Date ▼ Transaction ID: 18678820 Amount of Each Receipt this Perecept To-Date ▼ Transaction ID: 18678820 Amount of Each Receipt this Perecept To-Date ▼ Transaction ID: 18678820 Transaction ID: 18678820 Amount of Each Receipt To-Date ▼ Transaction ID: 18678820 Transaction ID: 18678820	commercial purposes, other than using the nan ME OF COMMITTEE (In Full)	ents may not be sold or used by any perso and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
FEC ID number of contributing federal political committee. Name of Employer Baystate Franklin Medical Center Receipt For: Primary General Other (specify) ▼ State Zip Code MA 02199-8001 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ State Zip Code MA 02199-8001 FEC ID number of contributing federal political committee. Name of Employer Partners Health Care System. Inc. Receipt For: Primary General Other (specify) ▼ FUII Name (Last, First, Middle Initial) Date of Receipt Transaction ID: 18678819 Amount of Each Receipt this Per Cocupation Administraror, Chief Operating Officer Receipt For: Primary General Other (specify) ▼ FUII Name (Last, First, Middle Initial) Mr Mark L Goldstein Mailing Address 25 Highland Avenue City Newburyport FEC ID number of contributing federal political committee. City Newburyport FEC ID number of contributing federal political committee. Cocupation Administraror, Chief Operating Officer Aggregate Year-to-Date ▼ Transaction ID: 18678820 Amount of Each Receipt this Per Transaction ID: 18678820 Amount of Each Receipt this Per Transaction ID: 18678820 Amount of Each Receipt this Per Transaction ID: 18678820 Amount of Each Receipt this Per Transaction ID: 18678820 Amount of Each Receipt this Per Transaction ID: 1867820 Amount of Each Receipt this Per Transaction ID: 1867820	. Charles Gijanto ulling Address 164 High Street y		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Center Receipt For:	C ID number of contributing		Amount of Each Receipt this Period 350.00
B. Dr Thomas P Glynn, , Ph.D. Mailing Address 800 Boylston Street, Ste 1150 City State Zip Code Boston MA 02199-8001 FEC ID number of contributing federal political committee. Name of Employer Partners HealthCare System. Inc. Receipt For: Primary General Other (specify) ▼ Coccupation Mailing Address 25 Highland Avenue City State Zip Code Administraror, Chief Operating Officer Aggregate Year-to-Date ▼ Transaction ID: 18678819 Amount of Each Receipt this Period System. Inc. Administraror, Chief Operating Officer Aggregate Year-to-Date ▼ Transaction ID: 18678820 Amount of Each Receipt this Period System. Inc. Date of Receipt Transaction ID: 18678820 Amount of Each Receipt this Period System. Inc. City State Zip Code MA 01950-3867 FEC ID number of contributing federal political committee. Name of Employer Anna Jaques Hospital Receipt For: Primary General Occupation Chief Financial Officer Aggregate Year-to-Date ▼	enter ceipt For: Primary General	resident ggregate Year-to-Date ▼	
City State Zip Code MA 02199-8001 FEC ID number of contributing federal political committee. Name of Employer Partners HealthCare System. Inc. Receipt For: Primary General Other (specify) ▼ City State Zip Code MA 02199-8001 Full Name (Last, First, Middle Initial) Mr Mark L Goldstein Mailing Address 25 Highland Avenue City State Zip Code MA 01950-3867 FEC ID number of contributing federal political committee. Name of Employer Anna Jaques Hospital Receipt For: QC Useration Administraror, Chief Operating Officer Aggregate Year-to-Date ▼ Date of Receipt M M 01950-3867 Transaction ID: 18678819 Amount of Each Receipt this Permanal Aggregate Year-to-Date ▼ Date of Receipt M M 01950-3867 Transaction ID: 18678820 Amount of Each Receipt this Permanal Aggregate Year-to-Date ▼ Primary General Occupation Chief Financial Officer Receipt For: Primary General Occupation Chief Financial Officer	Thomas P Glynn, , Ph.D.	50	M M / D D / Y Y Y
Boston MA 02199-8001 FEC ID number of contributing federal political committee. Name of Employer Partners HealthCare System, Inc. Receipt For: Primary General Other (specify) ▼ City State Zip Code Newburyport MA 01950-3867 FEC ID number of contributing federal political committee. Name of Employer Anna Jaques Hospital City State Zip Code Transaction ID: 18678820 Amount of Each Receipt this Period 1000.00 Administraror, Chief Operating Officer Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 18678820 Amount of Each Receipt this Period 1000.00	у	State Zip Code	
Name of Employer Partners HealthCare System, Inc. Receipt For: Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Transaction ID: 18678820	oston	MA 02199-8001	Amount of Each Receipt this Period
Partners HealthCare System, Inc. Receipt For: Primary General General 1000.00			1000.00
Receipt For: Primary General 1000.00	rtners HealthCare Syste-	•	r
Mr Mark L Goldstein Mailing Address 25 Highland Avenue City State Zip Code Newburyport MA 01950-3867 FEC ID number of contributing federal political committee. Name of Employer Anna Jaques Hospital Receipt For: Primary General Date of Receipt M M	Primary General		
City State Zip Code Newburyport MA 01950-3867 FEC ID number of contributing federal political committee. Name of Employer Anna Jaques Hospital Receipt For: Primary General State Zip Code Transaction ID: 18678820 Amount of Each Receipt this Per 250 Aggregate Year-to-Date ▼	,		Date of Receipt
Newburyport MA 01950-3867 Amount of Each Receipt this Per 250 FEC ID number of contributing federal political committee. C 250 Amount of Each Receipt this Per 250 Chief Financial Officer Aggregate Year-to-Date ▼ Primary General	iling Address 25 Highland Avenue		
FEC ID number of contributing federal political committee. Name of Employer Anna Jaques Hospital Receipt For: Primary General C Occupation Chief Financial Officer Aggregate Year-to-Date	-	·	
Receipt For: Primary General Aggregate Year-to-Date 750.00	C ID number of contributing		Amount of Each Receipt this Period 250.00
Receipt For: Primary General Aggregate Year-to-Date ▼	me of Employer na Jaques Hospital	·	
	ceipt For: Primary General	ggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	FOTAL of Receipts This Page (optional)		1600.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Hospital Association PA	and Statements may not be sold or used by any person ng the name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		1
Ms. Amber Gravett Mailing Address 2520 Cherry Aven	nue	Date of Receipt 1 0 0 6 2 0 1 0
City	State Zip Code	Transaction ID: 18678826
<u>Bremerton</u>	WA 98310-4229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Harrison Medical Center	Occupation Director, Organization Quality Develop	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr Bruce Harlow		Date of Receipt
Mailing Address 2520 Cherry Aven	nue	M M / D D / Y Y Y Y Y 1 1 0 0 6 2 0 1 0
City	State Zip Code	Transaction ID: 18678827
Bremerton	WA 98310-4229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Harrison Medical Center	Occupation Board Member	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Glen Marshall		Date of Receipt
Mailing Address 300 Elliott Avenue	e West	10 06 2010
City	State Zip Code	Transaction ID: 18678828
Seattle	WA 98119-4198	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Kennewick General Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal) ▶	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association PAC	**	
Full Name (Last, First, Middle Initial) Mr. Ronald O'Halloran		Date of Receipt
Mailing Address 36 Klondike Road		10 06 2010
City	State Zip Code	Transaction ID: 18678829
Republic	WA 99166-9701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ferry County Memorial Hos-	Occupation Administrator	
pital Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ms. Barbara Shickich		Date of Receipt
Mailing Address 1243 17th Ave. E		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18678830
Seattle	WA 98112-3316	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Washington State Hospital Association	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr Preston M Simmons		Date of Receipt
Mailing Address 1321 Colby Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18678832
Everett	WA 98201-1665	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Providence Regional Medic- al Center Eve	Occupation Chief Operating Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	······	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 104 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAG	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ms. Kim Williams Mailing Address 2815 Kayak View P	Place		Date of Receipt
City Camano Island FEC ID number of contributing federal political committee.	State WA	Zip Code 98282-5022	Transaction ID: 18678833 Amount of Each Receipt this Period 250.00
Name of Employer Providence Regional Medic- al Center Eve Receipt For: Primary General Other (specify) ▼	Occupation Interim C		
Full Name (Last, First, Middle Initial) Mr. Rand J Wortman Mailing Address 888 Swift Boulevard	d		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Richland FEC ID number of contributing	State WA	Zip Code 99352-3542	Transaction ID: 18678834 Amount of Each Receipt this Period
Receipt For: Primary Other (specify)		n t and Chief Executive Officer e Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) Mr. David T. Brooks Mailing Address 1321 Colby Avenue	9		Date of Receipt
City Everett FEC ID number of contributing federal political committee.	State WA	Zip Code 98201-1600	Transaction ID: 18678835 Amount of Each Receipt this Period 500.00
Name of Employer Providence Health System/- NWSA Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation CEO Aggregate	e Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 104 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	not be sold or used by any perso dress of any political committee to	13 14 15 16 16 17 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
NAME OF COMMITTEE (In Full) American Hospital Association PAC	mame and adv	diese of any political committee to	y dolon contributions from door committee.
Full Name (Last, First, Middle Initial) Mr. Gregg A Davidson, , FACHE			Date of Receipt
Mailing Address P O Box 1376			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18678836
Mount Vernon	WA	98273-1376	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Skagit Valley Hospital	Occupatio Chief Exc	n ecutive Officer	
Receipt For:	. '	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Mr Jack Evans	1		Date of Receipt
Mailing Address 1201 South Miller Stre	et		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18678837
Wenatchee	WA	98801-3201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Central Washington Hospit- al	Occupatio Presiden	n t and CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Victoria S. Galanti			Date of Receipt
Mailing Address 300 Elliott Avenue W. Ste. 300			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18678838
Seattle	WA	98119-4198	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Washington State Hospital Association	Occupatio Executive	n e Vice President	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00]
	1		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person g the name and address of any political committee to s	of for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PA	С	
Full Name (Last, First, Middle Initial) Mr. Leo F. Greenawalt		Date of Receipt
Mailing Address 4423 E. Sequim Ba	ay Road	10 06 YYYY 10 06 2010
City	State Zip Code	Transaction ID: 18678839
Sequim	WA 98382-9679	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Washington State Hospital	Occupation	1
Association Receipt For:	President and Chief Executive Officer	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Joseph M Kortum		Date of Receipt
Mailing Address P O Box 1600		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18678840
Vancouver	WA 98668-1600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Southwest Washington Medi- cal Center	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Jeffrey A. Mero		Date of Receipt
Mailing Address 23123- 23rd Avenu	Je	M M / D D / Y Y Y Y Y 1 1 0 0 6 2 0 1 0
City	State Zip Code	Transaction ID: 18678841
<u>Brier</u>	WA 98036-8383	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Association of WA Public Hospital Dist	Occupation Executive Director	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option:	al)	1500.00

Any information copied from such Reports and Sta or for commercial purposes, other than using the normal pur	State Zip Code WA 99109-0197	Date of Receipt Date of Receipt Transaction ID: 18678842 Amount of Each Receipt this Period
Mr. Gary V Peck Mailing Address P O Box 197 City Chewelah FEC ID number of contributing federal political committee. Name of Employer Providence St. Joseph's Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Susan Green Mailing Address 295 Varnum Avenue City Lowell FEC ID number of contributing federal political committee. Name of Employer	WA 99109-0197	1 0 0 6 2 0 1 0 Transaction ID: 18678842
FEC ID number of contributing federal political committee. Name of Employer Providence St. Joseph's Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Ms. Susan Green Mailing Address 295 Varnum Avenue City Lowell FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Susan Green Mailing Address 295 Varnum Avenue City Lowell FEC ID number of contributing federal political committee. Name of Employer	I o	250.00
Ms. Susan Green Mailing Address 295 Varnum Avenue City Lowell FEC ID number of contributing federal political committee. Name of Employer	Occupation President Aggregate Year-to-Date 750.00	
Lowell FEC ID number of contributing federal political committee. Name of Employer		Date of Receipt
FEC ID number of contributing federal political committee.	State Zip Code	Transaction ID: 18678843
federal political committee. Name of Employer	MA 01854-2134	Amount of Each Receipt this Period
Name of Employer	C	250.00
Lowell General Hospital	Occupation Vice President & Chief Financial Offic	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr William Grigg		Date of Receipt
Mailing Address 363 Highland Avenue		10 13 2010
City	State Zip Code	Transaction ID: 18678844
Fall River FEC ID number of contributing federal political committee.	MA 02720-3700	Amount of Each Receipt this Period 250.00
Name of Employer Southcoast Hospitals Group	Occupation Chief Financial Officer	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 104 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC	Traine and adv	areas or any political committee to	Solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Margaret Hanson, , R.N.			Date of Receipt
Mailing Address 800 Washington Stree	t		10 13 2010
City	State	Zip Code	Transaction ID: 18678845
Norwood	MA	02062-3487	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Caritas Norwood Hospital	Occupatio Presiden		
Receipt For:		e Year-to-Date ▼	7
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Ms. Amy J. Hoey			Date of Receipt
Mailing Address 295 Varnum Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18678846
Lowell	MA	01854-2134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Lowell General Hospital	Occupatio Vice Pres	n sident, Patient Care	7
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. John J. Holiver	1		Date of Receipt
Mailing Address 736 Cambridge Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18678847
Boston	MA	02135-2907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer St. Elizabeth's Medical Center	Occupatio Presiden		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		1250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 104 (check only one) X 11a
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Keith A. Hovan		Date of Receipt
	Mailing Address 316 Marys Pond Rd		10 13 2010
	City Rochester	State Zip Code MA 02770-4012	Transaction ID: 18678848
	FEC ID number of contributing federal political committee.	C 02/70-4012	Amount of Each Receipt this Period 250.00
	Name of Employer Southcoast Hospitals Group	Occupation President & CEO	7
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Craig A. Jesiolowski Mailing Address 795 Middle Street		Date of Receipt
	Walling Address 793 Milddle Street		10 13 2010
	City	State Zip Code	Transaction ID: 18678849
	Fall River	MA 02721-1733	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Saint Anne's Hospital	Occupation President and Chief Executive Office	<u>r</u>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Mr. Edward Kelly		Date of Receipt
	Mailing Address 14 Prospect Street		10 / 13 / 2010
	City	State Zip Code	Transaction ID: 18678850
	Milford FEC ID number of contributing federal political committee.	MA 01757-3090	Amount of Each Receipt this Period 250.00
	Name of Employer Milford Regional Medical Center	Occupation Vice President Finance	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00]
Г	CURTOTAL (Describe This Description)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. James T. Kirkpatrick		Date of Receipt
Mailing Address 73 North Ave.		10 13 7 2010
City Mendon	State Zip Code MA 01756-1015	Transaction ID: 18678851 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Massachusetts Hospital Association Receipt For: Primary General Other (specify) ▼	Occupation Senior VP, Healthcare Finance & Man Aggregate Year-to-Date ▼ 350.00	nage
Full Name (Last, First, Middle Initial) Mr. John A. Lodico		Date of Receipt
Mailing Address 12 Davis Street		10 13 7 2010
City	State Zip Code	Transaction ID: 18678852
Belmont FEC ID number of contributing federal political committee.	MA 02478-5030	Amount of Each Receipt this Period 250.00
Name of Employer Massachusetts Hospital As- sociation	Occupation Communications Manager	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. John Bomher		Date of Receipt
Mailing Address 1151 E. Warrenville Ro	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Naperville	State Zip Code	Transaction ID: 18678854
FEC ID number of contributing federal political committee.	IL 60563-9339	Amount of Each Receipt this Period 500.00
Name of Employer Illinois Hospital Associa- tion	Occupation Senior VP, Health Policy	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1100.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 104 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. James Dan Mailing Address 511 Forest Mews			Date of Receipt
City Oak Brook FEC ID number of contributing	State IL	Zip Code 60523-2643	Transaction ID: 18678855 Amount of Each Receipt this Period
federal political committee. Name of Employer Advocate Health Care Receipt For: Primary General	Occupatio Presiden Aggregate		500.00
Other (specify) Full Name (Last, First, Middle Initial) Mr. Scott Dimmick Mailing Address 1324 North Sheridar	n Road	500.00	Date of Receipt
City Waukegan FEC ID number of contributing federal political committee.	State IL	Zip Code 60085-2161	Transaction ID: 18678856 Amount of Each Receipt this Period 250.00
Name of Employer Vista Medical Center East Receipt For: Primary General Other (specify) ▼	_ ,	n sident of Human Resources e Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Ms Bridgett Gibbons Mailing Address 2132 West Warner	<u> </u>		Date of Receipt
City Chicago FEC ID number of contributing federal political committee.	State IL	Zip Code 60618-3032	Transaction ID: 18678857 Amount of Each Receipt this Period 500.00
Name of Employer Advocate South Suburban Hospital Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupatio Vice Pres Aggregate		
SUBTOTAL of Receipts This Page (optional))		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person ne name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. James M. Hohner		Date of Receipt
Mailing Address 2159 W. Agatite	State 7in Code	10 13 2010
City <u>Chicago</u>	State Zip Code IL 60625-1705	Transaction ID: 18678858 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Advocate Health Care	Occupation Director, Advocate Health Care Found	- lat
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Roger S Hunt		Date of Receipt
Mailing Address P O Box 2850		10 13 2010
City	State Zip Code	Transaction ID: 18678859
Bloomington	IL 61702-2850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Advocate BroMenn Regional Medical Cent	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Susan Kaufman		Date of Receipt
Mailing Address 1151 E. Warranville F	Rd.	10 13 2010
City	State Zip Code	Transaction ID: 18678860
Naperville	IL 60563-9339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Illinois Hospital Associa- tion	Occupation Chief of Staff	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	344.50	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	<u> </u>	

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Kenneth W Lukhard		Date of Receipt
Mailing Address 4440 West 95th Stre		10 13 2010
City Oak Lawn	State Zip Code IL 60453-2600	Transaction ID: 18678864 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Advocate Christ Medical Center	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Barbara J Martin, , R.N. Mailing Address 1324 North Sheridan	Road	Date of Receipt
		10 13 2010
City Waukegan	State Zip Code IL 60085-2161	Transaction ID: 18678865 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Vista Medical Center East	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr William P Santulli		Date of Receipt
Mailing Address 2025 Windsor Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Oak Brook	State Zip Code	Transaction ID: 18678869
Oak Brook FEC ID number of contributing federal political committee.	IL 60523-1586	Amount of Each Receipt this Period 500.00
Name of Employer Advocate Health Care	Occupation Executive Vice President and Chief O	p e
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SURTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		_
Full Name (Last, First, Middle Initial) Mr. David L. Schreiner Mailing Address 1435 Tilton Park Drive	9	Date of Receipt
City	State Zip Code	1 0 1 3 2 0 1 0 Transaction ID: 18678870
<u>Dixon</u>	IL 61021-1437	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Katherine Shaw Bethea Hos- pital	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Barbara Doyle Mailing Address 5901 Mount Eagle Dri	VO.	Date of Receipt
		10 06 2010
City Alexandria	State Zip Code VA 22303-2502	Transaction ID: 18678889 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Inova Alexandria Hospital	Occupation CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Mr. Alfred E. Pilong, Jr.	•	Date of Receipt
Mailing Address 1840 Amherst Street		10 06 7 9 9 10
City Winchester	State Zip Code VA 22601-2808	Transaction ID: 18678890 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Valley Health System	Occupation President, Winchester Medical Center	<u> </u>
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional) .	······	1200.00
TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 33 / 104 (check only one) X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	he name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Mark Runyon Mailing Address 43101 Finders Lane		Date of Receipt
		10 06 2010
City South Riding	State Zip Code VA 20152-3444	Transaction ID: 18678891 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Inova Health System	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms Rachel Schneider Mailing Address 2000 Carta Fa Drive		Date of Receipt
Mailing Address 2328 Santa Fe Drive	1	10 06 2010
City	State Zip Code	Transaction ID: 18678892
Virginia Beach FEC ID number of contributing federal political committee.	VA 23456-6752	Amount of Each Receipt this Period 350.00
Name of Employer Sentara Healthcare	Occupation Director of Network Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Rick Mohnk		Date of Receipt
Mailing Address 92 Dunn Rd		10 13 2010
City	State Zip Code	Transaction ID: 18679069
<u>Ashburnham</u>	MA 01430-3041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Health Alliance Hospitals	Occupation Chief Information Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	>	950.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 34 / 104 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	e name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Patrick L Muldoon, , FACHE Mailing Address 60 Hospital Road		Date of Receipt
City	State Zip Code	1 0 1 3 2 0 1 0 Transaction ID: 18679070
Leominster	MA 01453-2205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Health Alliance Hospitals	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) B. Mr. Joseph J Mullany		Date of Receipt
Mailing Address 132 Turnpike Road Suite 200	750.4	10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Southborough	State Zip Code MA 01772-2129	Transaction ID: 18679071 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Vangaurd Health Systems New England Ma	Occupation President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ms. Delia O'Connor		Date of Receipt
Mailing Address 25 Highland Avenue		10 13 2010
City	State Zip Code	Transaction ID: 18679073
Newburyport	MA 01950-3867	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Anna Jaques Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 850.00	
SUBTOTAL of Receipts This Page (optional)	_	1850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 104 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAG		areas or any pondear committee to	y solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. John W. Polanowicz			Date of Receipt
Mailing Address 2 Abenaki Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Northborough	State MA	Zip Code 01532-2433	Transaction ID: 18679074 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.1002 2.100	1000.00
Name of Employer UMass Memorial-Marlborough Hospital	Occupatio Presiden		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Francis M Saba			Date of Receipt
Mailing Address 14 Prospect Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Milford	State MA	Zip Code 01757-3090	Transaction ID: 18679075
FEC ID number of contributing federal political committee.	C	01737-3090	Amount of Each Receipt this Period 250.00
Name of Employer Milford Regional Medical Center	Occupatio Chief Exc	n ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00]
Full Name (Last, First, Middle Initial) Mr. Stephen Salvo			Date of Receipt
Mailing Address 17 Marsh Avenue			10 13 2010
City Newbury	State MA	Zip Code 01951-2402	Transaction ID: 18679076
FEC ID number of contributing federal political committee.	C	01931-2402	Amount of Each Receipt this Period 250.00
Name of Employer Anna Jaques Hospital	Occupatio Vice Pres	n sident, Human Resources	
Receipt For: Primary General Other (specify) ▼	 	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	J)		1500.00

City Methuen MA 01844-4597 FEC ID number of contributing federal political committee. Name of Employer Caritas Holy Family Hospital and Medic Receipt For: Primary General City State Zip Code MA 01844-4597 Cocupation President and Chief Executive Officer Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 18679077 Amount of Each Receipt this Perion Date of Receipt Transaction ID: 18679077 Amount of Each Receipt this Perion Date of Receipt Transaction ID: 18679078 Amount of Each Receipt this Perion Date of Receipt Transaction ID: 18679078 Amount of Each Receipt this Perion Date of Receipt Transaction ID: 18679078 Amount of Each Receipt this Perion Date of Receipt Transaction ID: 18679078 Amount of Each Receipt this Perion Date of Receipt Transaction ID: 18679078 Amount of Each Receipt this Perion Date of Receipt Transaction ID: 18679083 Amount of Each Receipt this Perion Date of Receipt Transaction ID: 18679083 Amount of Each Receipt this Perion Transaction ID: 18679083 Amount of Each Receipt this Perion Transaction ID: 18679083 Amount of Each Receipt this Perion Transaction ID: 18679083 Amount of Each Receipt this Perion Transaction ID: 18679083 Amount of Each Receipt this Perion Transaction ID: 18679083 Amount of Each Receipt this Perion	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Mailing Address 70 East Street City State Zip Code MA 01844-4597 FEC ID number of contributing tederal political committee. Name of Employer Carrias Hoty Farmily Hospital and Medic Receipt For: Primary General Occupation President and Chief Executive Officer MA 01742-9120 City State Zip Code MA 01742-9120 City State Zip Code MA 01742-9120 City State Zip Code MA 01742-9120 FEC ID number of contributing tederal political committee. Name of Employer Emerson Hospital Receipt For: Primary General Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ Date of Receipt 10	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person ne name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Name of Employer Carlates Holy Family Hospital and Medic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Christine C Schuster, RN, MBA Mailing Address 133 Old Rd to Nine Acre Corner City State Zip Code Concord MA 01742-9120 FEC ID number of contributing federal political committee. Name of Employer Emerson Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Larry J Archbell Mailing Address 3100 East Fletcher Avenue City State Zip Code Aggregate Year-to-Date ▼ President and Chief Executive Officer Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Larry J Archbell Mailing Address 3100 East Fletcher Avenue City State Zip Code Tampa FL 33613-4613 FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: 18679083 Amount of Each Receipt this Perior Cocupation Chief Executive Officer Invariant State Sip Code Invariant State Sign Code Inv	Mr. Lester P Schindel Mailing Address 70 East Street City		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ms. Christine C Schuster, RN, MBA Mailing Address 133 Old Rd to Nine Acre Corner City State Zip Code Concord MA 01742-9120 FEC ID number of contributing federal political committee. Name of Employer Emerson Hospital Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) City State Zip Code Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) City State Zip Code Mailing Address 3100 East Fletcher Avenue City State Zip Code Transaction ID: 18679083 Amount of Each Receipt this Perior Date of Receipt Transaction ID: 18679083 Amount of Each Receipt this Perior Date of Receipt Transaction ID: 18679083 Amount of Each Receipt this Perior City State Zip Code Transaction ID: 18679083 Amount of Each Receipt this Perior Chief Executive Officer Aggregate Year-to-Date ▼ Primary General Coccupation Chief Executive Officer Aggregate Year-to-Date ▼	Name of Employer Caritas Holy Family Hospital and Medic Receipt For: Primary General	Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	500.00
FEC ID number of contributing federal political committee. Name of Employer Emerson Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Larry J Archbell Mailing Address 3100 East Fletcher Avenue City State Zip Code Transaction ID: 18679083 Tampa FL 33613-4613 FEC ID number of contributing federal political committee. Name of Employer University Community Hospital Receipt For: Primary General Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 1000.0 Date of Receipt Transaction ID: 18679083 Amount of Each Receipt this Perior Chief Executive Officer Aggregate Year-to-Date ▼	Ms. Christine C Schuster, RN, MBA Mailing Address 133 Old Rd to Nine A		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Larry J Archbell Mailing Address 3100 East Fletcher Avenue City State Zip Code Tampa FL 33613-4613 FEC ID number of contributing federal political committee. Name of Employer University Community Hospital Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 18679083 Amount of Each Receipt this Period Chief Executive Officer Aggregate Year-to-Date ▼ 250.00	FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period
Mailing Address 3100 East Fletcher Avenue City State Zip Code Tampa FL 33613-4613 FEC ID number of contributing federal political committee. Name of Employer University Community Hospital Receipt For: Primary General Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Receipt For: Primary General	Aggregate Year-to-Date ▼	
City State Zip Code Transaction ID: 18679083 Tampa FL 33613-4613 FEC ID number of contributing federal political committee. Name of Employer University Community Hospital Receipt For: Primary General State Zip Code Transaction ID: 18679083 Amount of Each Receipt this Period 250.00	Mr. Larry J Archbell	venue	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer University Community Hospital Receipt For: Primary General Coccupation Chief Executive Officer Aggregate Year-to-Date 250.00		·	Transaction ID: 18679083
ital Receipt For: Primary General Aggregate Year-to-Date 350.00	FEC ID number of contributing		Amount of Each Receipt this Period 250.00
Primary General	ital	Chief Executive Officer	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)	>	1750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(cricer only one)
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any ename and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Michael D. Aubin		Date of Receipt
	Mailing Address 6445 Renwick Circle		10 07 2010
	City	State Zip Code	Transaction ID: 18679084
	Tampa	FL 33647-1176	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer BayCare Health System	Occupation Chief Operating Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
_	Full Name (Last, First, Middle Initial) Ms. Gladys Baxley		Date of Receipt
	Mailing Address 11507 Orilla Del Rio F	PL	10 07 7 2010
	City	State Zip Code	Transaction ID: 18679085
	Tampa	FL 33617-2624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Lakeland Regional Medical Center	Occupation Director Managed Care	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
_	Full Name (Last, First, Middle Initial) Mr. Philip E. Boyce		Date of Receipt
	Mailing Address 3563 Phillips Highway Suite 101		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 18679086
	<u>Jacksonville</u>	FL 32207-5663	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Baptist Health	Occupation Senior Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	600.00	
Г			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 104 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr Paul Goldstein Mailing Address 1414 Kuhl Avenue City Longwood FEC ID number of contributing federal political committee. Name of Employer Orlando Regional Healthcare Receipt For: Primary General Other (specify)	State Zip Code FL 32806-2093 C Occupation Vice President Finance and Chief Fin Aggregate Year-to-Date 300.00	Date of Receipt M M M J D D J Z D 1 D Transaction ID: 18679089 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Mr. Lars D Houmann Mailing Address 601 East Rollins Stree City Orlando FEC ID number of contributing	State Zip Code FL 32803-1248	Date of Receipt M M M O O O O O O O O O O O O O O O O
Receipt For: Primary Other (specify)	Occupation President Aggregate Year-to-Date 1200.00]
Full Name (Last, First, Middle Initial) Mr. Richard M Irwin, , Jr. Mailing Address 10000 West Colonial		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Ocoee FEC ID number of contributing federal political committee.	State Zip Code FL 34761-3493	Transaction ID: 18679093 Amount of Each Receipt this Period 500.00
Name of Employer Health Central Receipt For: Primary General Other (specify)	Occupation President and Chief Executive Office Aggregate Year-to-Date 500.00	r]
SUBTOTAL of Receipts This Page (optional) .		900.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 104 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Joe Johnson		Date of Receipt
Mailing Address 1055 Saxon Boulevard	d	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18679095
Orange City	FL 32763-8468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Florida Hospital Fish Mem- orial	Occupation President and Chief Executive Office	r
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. Steven M Johnson	1	Date of Receipt
Mailing Address P O Box 59515		M M / D D / Y Y Y Y Y 1 1 0 7 2 0 1 0
City	State Zip Code	Transaction ID: 18679096
Panama City	FL 32402-2515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Bay Medical Center	Occupation President and Chief Executive Office	ır
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Mr. Mark LaRose	Date of Receipt	
Mailing Address 301 Memorial Medica	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 18679097
Daytona Beach	FL 32117-5167	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Florida Hospital Memorial Medical Cent	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		1600.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	statements may not be sold or used by any persor ename and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Keith Lundquist		Date of Receipt
	Mailing Address 1600 Sunny Brook Lar City	State Zip Code	1 0 D D 7 2 0 1 0 Transaction ID: 18679098
	Palm Bay	FL 32905-6527	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Health First, Inc.	Occupation VP, Marketing & Community Relations	5
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
- 3.	Full Name (Last, First, Middle Initial) Mr. Michael D Means		Date of Receipt
	Mailing Address 6450 US Highway 1		10 07 2010
	City	State Zip Code	Transaction ID: 18679100
	Rockledge	FL 32955-5747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Health First, Inc.	Occupation President and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1145.00	
_	Full Name (Last, First, Middle Initial) Mr. Stephen A Purves, , FACHE		Date of Receipt
	Mailing Address P O Box 6000		10 07 2010
	City	State Zip Code	Transaction ID: 18679101
	Ocala FEC ID number of contributing federal political committee.	FL 34478-6000	Amount of Each Receipt this Period 100.00
	Name of Employer Munroe Regional Medical Center	Occupation President and Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1100.00	
		>	500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 104 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Rick Phelps Mailing Address 366 Wallace Road		Date of Receipt
		10 08 2010
City Bedford	State Zip Code NH 03110-4829	Transaction ID: 18679104 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Elliot Hospital	Occupation Executive Vice President & COO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Anne Jamieson, , FACHE		Date of Receipt
Mailing Address 333 Borthwick Avenue		10 08 7 9 9 9
City	State Zip Code	Transaction ID: 18679105
Portsmouth FEC ID number of contributing federal political committee.	NH 03801-7128	Amount of Each Receipt this Period 350.00
Name of Employer Portsmouth Regional Hospi- tal	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Nancy A. Formella		Date of Receipt
Mailing Address One Medical Center Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 18679106
<u>Lebanon</u>	NH 03756-1000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Dartmouth-Hitchcock Medic- al Center	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		1050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 104 (check only one) X 11a 11b 11c 12	
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may the name and add	 y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) American Hospital Association PAC				
Full Name (Last, First, Middle Initial) Ms. Michelle McEwen			Date of Receipt	
Mailing Address 16 Hospital Road	Chata	7in Oada	10 08 2010	
City <u>Plymouth</u>	State NH	Zip Code 03264-1126	Transaction ID: 18679108 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer Speare Memorial Hospital	Occupation Presiden	n t and Chief Executive Office	r	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Mr Mike Schultz			Date of Receipt	
Mailing Address 1437 Langham Teri	Mailing Address 1437 Langham Terrace			
City	State	Zip Code	Transaction ID: 18679111	
Lake Mary	FL	32746-1967	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		100.00	
Name of Employer Florida Hospital	Occupation CEO Float	n rida Region		
Receipt For:		e Year-to-Date ▼		
Primary General Other (specify) ▼	0 0	600.00		
Full Name (Last, First, Middle Initial) Ms. Mary C. Becker	<u> </u>		Date of Receipt	
Mailing Address 7800 South Eagle F	Road		10 07 2010	
City Columbia	State MO	Zip Code 65203-9017	Transaction ID: 18679123	
FEC ID number of contributing federal political committee.	C	63203-9017	Amount of Each Receipt this Period 48.13	
Name of Employer Missouri Hospital Associa- tion	Occupation Senior V	n P, Commc. & Health Improv	ement	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 288.78		
SUBTOTAL of Receipts This Page (optional	<u> </u>		648.13	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 104 (check only one) X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any per name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Daniel R. Landon		Date of Receipt
Mailing Address 1811 Forest Park Cou	rt	10 07 2010
City	State Zip Code	Transaction ID: 18679137
Jefferson City	MO 65109-9782	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer Missouri Hospital Associa- tion	Occupation Sr. Vice President, Governmental	l Relat
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Ms. Kathleen C. Poff		Date of Receipt
Mailing Address 5119 Coventry Waye		10 07 2010
City	State Zip Code	Transaction ID: 18679144
Jefferson City FEC ID number of contributing federal political committee.	MO 65101-8284	Amount of Each Receipt this Period 48.13
Name of Employer Missouri Hospital Associa- tion	Occupation Senior Vice President & CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 288.78	
Full Name (Last, First, Middle Initial) Mr. Jerry M. Sill		Date of Receipt
Mailing Address 2906 Valley View Terr	ace	10 07 2010
City	State Zip Code	Transaction ID: 18679147
Jefferson City	MO 65109-1069	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	48.13
Name of Employer Missouri Hospital Associa- tion	Occupation Senior Vice President & General	Counse
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 288.78	
		158.76

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Steven Downs		Date of Receipt
Mailing Address 300 Rockefeller Drive City	State Zip Code	1 0 1 3 2 0 1 0 Transaction ID: 18679169
Muskogee	OK 74401-5075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer Muskogee Regional Medical Center	Occupation Chief Financial Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Mr. Joe Duerr		Date of Receipt
Mailing Address 501 14th Street		10 13 2010
City	State Zip Code	Transaction ID: 18679170
<u>Perry</u>	OK 73077-5099	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Perry Memorial Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Shelly Dunham		Date of Receipt
Mailing Address P O Box 489		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18679171
Okeene	OK 73763-0489	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21.00
Name of Employer Okeene Municipal Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 437.00	
□ Outlet (Specify) ▼		
SUBTOTAL of Receipts This Page (optional)	······	511.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	and Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Norma Howard Mailing Address 1 Hospital Drive City Madill	State Zip Code OK 73446	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	Occupation	500.00
Name of Employer Johnston Memorial Hospital Receipt For: Primary General Other (specify) ▼	Administrator Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Debbie Howe Mailing Address 3701 East Main St	reet	Date of Receipt
City	State Zip Code	Transaction ID: 18679177
Weatherford FEC ID number of contributing federal political committee.	OK 73096-3309	Amount of Each Receipt this Period 250.00
Name of Employer Weatherford Regional Hosp- ital Receipt For:	Occupation Chief Executive Officer	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Greg Martin		Date of Receipt
Mailing Address 1310 South Main S	Street	10 13 2010
City	State Zip Code	Transaction ID: 18679179
Grove FEC ID number of contributing federal political committee.	OK 74344-1348	Amount of Each Receipt this Period 250.00
Name of Employer Integris Grove General Ho- spital	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	al)	1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 104 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any pe the name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. David Phillips Mailing Address 1923 South Utica Av City	renue State Zip Code	Date of Receipt M M
Tulsa FEC ID number of contributing federal political committee.	OK 74104-6520	Amount of Each Receipt this Period 250.00
Name of Employer St. John Medical Center Receipt For: Primary Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Mr. Jeffrey S Tarrant, , FACHE Mailing Address P O Box 3168		Date of Receipt 10 13 2010
City Enid FEC ID number of contributing	State Zip Code OK 73702-3168	Transaction ID: 18679182 Amount of Each Receipt this Period
rederal political committee. Name of Employer Integris Bass Baptist Hea- Ith Center Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) Mr. Bobby G Thompson Mailing Address 430 North Monta Vis	ita	Date of Receipt 1 0 1 3 2 0 1 0
City Ada FEC ID number of contributing	State Zip Code OK 74820-4610	Transaction ID: 18679183 Amount of Each Receipt this Period
federal political committee. Name of Employer Valley View Regional Hospital Receipt For: Primary General Other (specify)	Occupation President and Chief Executive Office Aggregate Year-to-Date 300.00	175.00 cer
SUBTOTAL of Receipts This Page (optional)		675.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person the name and address of any political committee to see the sold of the sold o	for the purpose of soliciting contributions
American Hospital Association PAC Full Name (Last, First, Middle Initial)		I
Mr. Brian K Woodliff		Date of Receipt
Mailing Address P O Box 1008		10 13 2010
City Tahlequah	State Zip Code OK 74465-1008	Transaction ID: 18679191 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	CIX 74403-1006	500.00
Name of Employer Tahlequah City Hospital	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Mark Shaker		Date of Receipt
Mailing Address 423 Glendora Avenue		10 07 2010
City Dayton	State Zip Code OH 45409-2204	Transaction ID: 18679201 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Good Samaritan Hospital	Occupation President & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Cynthia Ann Moore-Hardy		Date of Receipt
Mailing Address 10 East Washington		10 07 YYYY 2010
City	State Zip Code	Transaction ID: 18680094
Painesville FEC ID number of contributing federal political committee.	OH 44077-3460	Amount of Each Receipt this Period 250.00
Name of Employer Lake Health	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	····	1000.00
TOTAL This Period (last page this line numbe	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 104 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Dale E Thornton, , M.P.H., Mailing Address 45 St Lawrence Drive City Tiffin FEC ID number of contributing federal political committee. Name of Employer Mercy Hospital of Tiffin Receipt For: Primary General	State Zip Code OH 44883-8310 C Occupation President and Chief Executive Office Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Chris Bergman Mailing Address 3827 Paxton Ave Apt. 937 City Cincinnati FEC ID number of contributing federal political committee.	State Zip Code OH 45209-2419 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Christ Hospital * Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Mark H Shuter Mailing Address 272 Hospital Road	Chief Financial Officer Aggregate Year-to-Date ▼ 250.00	Date of Receipt
City Chillicothe FEC ID number of contributing federal political committee.	State Zip Code OH 45601-9031 C	1 0 0 7 2 0 1 0 Transaction ID: 18680132 Amount of Each Receipt this Period 250.00
Name of Employer Adena Health System Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date 250.00	<u>, </u>
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any person and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. William Blanton Mailing Address 4309 Blackthrone Ct City Virginia Beach	State Zip Code VA 23455-4549	Date of Receipt 10 12 2010 Transaction ID: 18680151 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Sentara Healthcare	Occupation VP for Underwriting & Actuarial Service	350.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Robert Dunton, MD Mailing Address 5108 Waterford PI		Date of Receipt 10 12 2010
City	State Zip Code	Transaction ID: 18680152
Suffolk FEC ID number of contributing federal political committee.	VA 23435-3527	Amount of Each Receipt this Period 350.00
Name of Employer Maryview Medical Center	Occupation Director of Physicians	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr Richard L Haushalter		Date of Receipt
Mailing Address 235 Cantrell Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18680153
Harrisonburg FEC ID number of contributing federal political committee.	VA 22801-3293	Amount of Each Receipt this Period 350.00
Name of Employer Rockingham Memorial Hospi- tal	Occupation Vice President Finance and Chief Fina	an
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)	>	1050.00
TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 104 (check only one) X 11a
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	atements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Nancy Herman		Date of Receipt
	Mailing Address 7678 Wankoma Dr		10 12 2010
	City Remington	State Zip Code VA 22734-9620	Transaction ID: 18680154
	FEC ID number of contributing federal political committee.	C 22/34-9020	Amount of Each Receipt this Period 350.00
	Name of Employer Fauquier Hospital	Occupation Nurse Manger	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Mr Michael King		Date of Receipt
	Mailing Address 4271 Brown Roan Ln		10 12 2010
	City	State Zip Code	Transaction ID: 18680155
	<u>Harrisonburg</u>	VA 22801-8310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Rockingham Memorial Hospi- tal	Occupation SVP, Finance & CFO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Ms. Patricia Knowles		Date of Receipt
	Mailing Address 9994 Ashley Manor Ct		10 12 2010
	City	State Zip Code	Transaction ID: 18680156
	<u>Fairfax</u>	VA 22032-3632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Inova Fairfax Hospital	Occupation Executive Director, Cardiovascular	r Ser
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Г			1050.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Hospital Association PA	and Statements may not be sold or used by any person no the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Ms. Heather Russell Mailing Address 3300 Gallow Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Falls Church FEC ID number of contributing	State Zip Code VA 22042-3307	Transaction ID: 18680158 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	350.00
Receipt For: Primary Other (specify)	Sr Dir, Critical Care & Neuro Sciences Aggregate Year-to-Date ▼ 350.00	5
Full Name (Last, First, Middle Initial) Mr. John O. Phelps Mailing Address P.O. Box 170		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18680161
<u>Carthage</u>	MO 64836-0170	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer McCune-Brooks Regional Ho- spital	Occupation Board Member	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Vivian Austin	•	Date of Receipt
Mailing Address 10 Shorecrest Cou	urt	10 06 2010
City	State Zip Code	Transaction ID: 18680176
Savannah	GA 31410-1054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. Joseph's/Candler, Can- dler Hospital Receipt For:	Occupation Nursing Supervisor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
OUDTOTAL ACT THE TAX OF THE	nal)	850.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such F or for commercial purposes, other to NAME OF COMMITTEE (In Fu American Hospital Associa	•	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle In Mr. Thomas A. Crawford Mailing Address 3423 Kenila City Snellville FEC ID number of contributing federal political committee. Name of Employer DeKalb Medical Center	<u>, </u>	Date of Receipt 10 06 2010 Transaction ID: 18680190 Amount of Each Receipt this Period 175.00
Receipt For: Primary General Other (specify) ▼	VP Human Resources Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle In Mr. John A Drew Mailing Address 1199 Prince	·	Date of Receipt 1 0 0 6 2 0 1 0
City Athens FEC ID number of contributing federal political committee.	State Zip Code GA 30606-2797	Amount of Each Receipt this Period 250.00
Name of Employer Athens Regional Medical Center Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Of Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle In Mr. Billy Hayes Mailing Address 212 Miller H	,	Date of Receipt
City Canton FEC ID number of contributing	State Zip Code GA 30114-7957	Transaction ID: 18680202 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer Northside Hospital - Cherokee	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Pag	e (optional)	675.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 104 (check only one) X
0	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any name and address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
A.	Full Name (Last, First, Middle Initial) Mr. Phillip S. Schaengold, J.D.		Date of Receipt
	Mailing Address P O Box 23089	7.01	10 06 2010
	City <u>S</u> avannah	State Zip Code GA 31403-3089	Transaction ID: 18680233
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
	Name of Employer Memorial Health	Occupation President and Chief Executive Of	ficer
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Kurt Stuenkel,, FACHE Mailing Address P O Box 233		Date of Receipt
			10 06 2010
	City	State Zip Code	Transaction ID: 18680244
	Rome	GA 30162-0233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Floyd Medical Center	Occupation President and Chief Executive Of	ficer
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Robert M Trimm		Date of Receipt
	Mailing Address P O Box 139		10 06 7 Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 18680251
	Waycross	GA 31502-0139	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Satilla Regional Medical Center	Occupation President and Chief Executive Of	ficer
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
	SUBTOTAL of Receipts This Page (optional)		750.00
	TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 104 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may be name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Gene B. Wright Mailing Address P O Box 1059			Date of Receipt 1 0 0 6 2 0 1 0
City Thomaston FEC ID number of contributing federal political committee.	State GA	Zip Code 30286-0027	Transaction ID: 18680259 Amount of Each Receipt this Period 250.00
Name of Employer Upson Regional Medical Center Receipt For: Primary General Other (specify) ▼	-	n ecutive Officer Year-to-Date 7	
Full Name (Last, First, Middle Initial) Ms. Jane Craigin Mailing Address 1154 E. Boulevard	1		Date of Receipt 1 0 0 6 2 0 1 0
City Pine Village FEC ID number of contributing federal political committee.	State IN C	Zip Code 47975-8053	Transaction ID: 18680276 Amount of Each Receipt this Period 250.00
Name of Employer St. Vincent Williamsport Hospital Receipt For: Primary General Other (specify) ▼	Occupatio Administ Aggregate		
Full Name (Last, First, Middle Initial) Mr. Dennis W Dawes, , FACHE Mailing Address 36 Brandywine Court			Date of Receipt
City Brownsburg FEC ID number of contributing federal political committee.	State IN	Zip Code 46112-1076	1 0 0 6 2 0 1 0 Transaction ID: 18680279 Amount of Each Receipt this Period 500.00
Name of Employer Hendricks Regional Health	Occupatio Presiden		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1		1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 104 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mr Paul Janssen Mailing Address 601 Hosier Dr. City New Castle	State IN	Zip Code 47362-2940	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Henry County Hospital	Occupation Services V	n ice President and Chief Fina	250.00
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. Gary A Meyer Mailing Address 2280 Locust Court Eas	t		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	Transaction ID: 18680307		
	Seymour	IN	47274-8672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Schneck Medical Center	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Mr. Mark Nafziger			Date of Receipt
	Mailing Address 10418 Flutter Road			10 06 7 Y Y Y Y Y Y
	City Fort Wayne	State IN	Zip Code 46835-9392	Transaction ID: 18680311 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000 0000	250.00
	Name of Employer Parkview Health	Occupation Chief Op	n erating Officer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Benorts	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 56 / 104 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	ng the name and address of any political committee to s	colicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Kirk M Ray		Date of Receipt
Mailing Address 11709 Woodstrea	m Ridge Court	10 06 Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18680320
Fort Wayne	IN 46845-1909	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer DeKalb Memorial Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Brian T Shockney, , FACHE		Date of Receipt
Mailing Address 4514 Duckhorn La	ane	10 06 2010
City	State Zip Code	Transaction ID: 18680323
<u>Lafayette</u>	IN 47909-8412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Clarian Arnett Hospital	Occupation COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Kevin Speer		Date of Receipt
Mailing Address 13664 Smokey Ri	dge Place	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18680327
Carmel	IN 46033-9263	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer St. Vincent Health	Occupation Chief Strategy Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	1000.00

TOTAL This Period (last page this line number only)

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full!) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Lawrence R. Ulrich Mailing Address 4655 Running Brook Terr City Slate Zip Code IN 46143-39255 FEC ID number of contributing federal political committee. Name of Employer Four County Counseling Center Four County Counseling County Counseling Center Four County	SCHEDULE A (FEC Form ITEMIZED RECEIPTS Any information copied from such Report	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 104 (check only one) X
A. Mr. Lawrence R. Ulrich Mailing Address 4655 Running Brook Terr City City State Zip Code Greenwood IN 46143-9255 FEC ID number of contributing federal political committee. C Cocupation Executive Director and CEO Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mailing Address 13772 Wyandotte Place City State Zip Code IN 46038-4500 FEC ID number of contributing federal political committee. C City State Zip Code IN 46038-4500 FEC ID number of contributing federal political committee. C Primary General Other (specify) ▼ C Cocupation FEC ID number of contributing federal political committee. C Primary General Other (specify) ▼ C Cocupation Fec ID number of contributing federal political committee. C Primary General Other (specify) ▼ State Zip Code In 49038-4500 Full Name (Last, First, Middle Initial) Mailing Address 6906 S. Five Points Road City State Zip Code In 49038-4500 Date of Receipt Transaction ID: 18680334 Amount of Each Receipt this Period Fell Name (Last, First, Middle Initial) Mailing Address 6906 S. Five Points Road City State Zip Code In 49038-4500 Date of Receipt Transaction ID: 18680337 Amount of Each Receipt this Period Date of Receipt Transaction ID: 18680337 Amount of Each Receipt this Period C State Zip Code In 49038-4500 Date of Receipt Transaction ID: 18680337 Amount of Each Receipt this Period C 2010 Transaction ID: 18680337 Amount of Each Receipt this Period C 250.00	or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	sing the name and address of any political committee to s	olicit contributions from such committee.
City State Zip Code Greenwood IN 46143-9255 FEC ID number of contributing federal political committee. Name of Employer Four County Counseling Center Primary General Other (specify) ▼ State Zip Code IN 46038-4500 FEC ID number of contributing City State Zip Code Fishers IN 46038-4500 FEC ID number of contributing federal political committee. Name of Employer Saint John's Heldin System Primary General Other (specify) ▼ State Zip Code IN Aggregate Year-to-Date ▼ Transaction Dt. 18680334 Amount of Each Receipt this Period Date of Receipt Mill Name (Last, First, Middle Initial) Amount of Each Receipt this Period Transaction Dt. 18680334 Amount of Each Receipt this Period Date of Receipt Mill Name of Employer Saint John's Heldin System President Receipt For: Primary General Other (specify) ▼ State Zip Code IN 46259-9754 FEU IN Name (Last, First, Middle Initial) Milling Address 6906 S. Five Points Road City State Zip Code IN 46259-9754 FEC ID number of contributing federal political committee. Name of Employer Columbus Regional Hospital Coccupation Vice President and Chief Financial Off Receipt For: Primary General Occupation Vice President and Chief Financial Off Receipt For: Primary General Occupation Vice President and Chief Financial Off Receipt For: Primary General Other (specify) ▼ 250.00	Mr. Lawrence R. Ulrich		i
Greenwood FEC ID number of contributing federal political committee. Name of Employer Four County Counseling Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Name of Employer Fishers IN 46038-4500 FEC ID number of contributing federal political committee. Name of Employer Four County Counseling Center Primary General Other (specify) ▼ State Zip Code IN 46038-4500 FEC ID number of contributing federal political committee. Name of Employer Saint John's Health System Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Marlene Weatherwax Mailing Address 6906 S. Five Points Road City State Zip Code Primary General Other (specify) ▼ State Zip Code IN 4629-9754 FEC ID number of contributing federal political committee. City State Zip Code IN 4629-9754 FEC ID number of contributing federal political committee. City State Zip Code IN 4629-9754 FEC ID number of contributing federal political committee. Name of Employer Columbus Regional Hospital Vice President and Chief Financial Off Receipt Tor: Primary General Occupation Vice President and Chief Financial Off Receipt Tor: Primary General Occupation Vice President and Chief Financial Off Receipt Tor: Primary General Other (specify) ▼ Primary General Other (specify) ▼	Mailing Address 4655 Running B	rook Terr	10 06 2010
FEC ID number of contributing federal political committee. Name of Employer County Counseling Centry Sound	City	·	Transaction ID: 18680333
Name of Employer South State South St	Greenwood	IN 46143-9255	Amount of Each Receipt this Period
Receipt For:		C	500.00
Receipt For:		· ·	
Tull Name (Last, First, Middle Initial) Mr. Thomas J. VanOsdol Mailing Address 13772 Wyandotte Place City State Zip Code IN 46038-4500 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Transaction ID: 18680334 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Tansaction ID: 18680334 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: 18680334 Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Mr. Marlene Weatherwax Mailing Address 6906 S. Five Points Road City State Zip Code IN 46259-9754 FEC ID number of contributing federal political committee. C State Zip Code IN 46259-9754 FEC ID number of contributing federal political committee. C State Zip Code IN 46259-9754 FEC ID number of contributing federal political committee. C State Zip Code IN 46259-9754 FEC ID number of contributing federal political committee. C State Zip Code IN 46259-9754 Amount of Each Receipt this Period Transaction ID: 18680337 Amount of Each Receipt this Period Transaction ID: 18680337 Amount of Each Receipt this Period Transaction ID: 18680337 Amount of Each Receipt this Period 250.00	Receipt For:	Aggregate Year-to-Date ▼	
Milling Address 13772 Wyandotte Place City State Zip Code Transaction ID: 18680334 Fishers IN 46038-4500 FEC ID number of contributing federal political committee. Name of Employer Saint John's Health System Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: 18680334 Amount of Each Receipt this Period Date of Receipt Transaction ID: 18680334 Amount of Each Receipt this Period Date of Receipt Transaction ID: 18680334 Amount of Each Receipt this Period Date of Receipt Transaction ID: 18680337 Transaction ID: 18680337 Amount of Each Receipt Transaction ID: 18680337 Amount of Each		500.00	
City State Zip Code IN 46038-4500 FEC ID number of contributing federal political committee. Name of Employer Saint John's Health System Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Marlene Weatherwax Mailing Address 6906 S. Five Points Road City State Zip Code IN 46259-9754 FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: 18680334 Amount of Each Receipt this Period Date of Receipt Transaction ID: 18680337 Date of Receipt Transaction ID: 18680337 Amount of Each Receipt this Period Transaction ID: 18680337 Amount of Each Receipt this Period Transaction ID: 18680337 Amount of Each Receipt this Period Transaction ID: 18680337 Amount of Each Receipt this Period Transaction ID: 18680337 Amount of Each Receipt this Period Transaction ID: 18680337 Amount of Each Receipt this Period Transaction ID: 18680337 Amount of Each Receipt this Period Transaction ID: 18680334 Amount of Each Receipt this Period Transaction ID: 18680334 Amount of Each Receipt this Period Transaction ID: 18680334 Amount of Each Receipt this Period Transaction ID: 18680334 Amount of Each Receipt this Period Transaction ID: 18680334 Amount of Each Receipt this Period Transaction ID: 18680334 Amount of Each Receipt this Period	,		Date of Receipt
Fishers IN 46038-4500 FEC ID number of contributing federal political committee. Name of Employer Saint John's Health System Receipt For: Primary General Other (specify) ▼ Name of Employer Saint John's Health System Receipt For: Primary General Other (specify) ▼ State Zip Code IN 46259-9754 FEC ID number of contributing federal political committee. Name of Employer Sou.00 Date of Receipt Date of Receipt Transaction ID: 18680337 Amount of Each Receipt this Period Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Date of Receipt M M D D D D D D D D D D D D D D D D D		te Place	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Saint John's Health System Receipt For: Primary General Other (specify) ▼ State Zip Code IN 46259-9754 FC ID number of contributing federal political committee. Name of Employer Sou.00 President Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 6906 S. Five Points Road City State Zip Code IN 46259-9754 FEC ID number of contributing federal political committee. Name of Employer Columbus Regional Hospital Name of Employer Columbus Regional Hospital Occupation Vice President and Chief Financial Off Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 250.00	City	·	Transaction ID: 18680334
Name of Employer Saint John's Health System	Fishers	IN 46038-4500	Amount of Each Receipt this Period
Saint John's Health System Receipt For:		C	500.00
Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Mr. Marlene Weatherwax Mailing Address 6906 S. Five Points Road City State Zip Code IN 46259-9754 FEC ID number of contributing federal political committee. Name of Employer Columbus Regional Hospital Name of Employer General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	Name of Employer Saint John's Health System	· · · · · · · · · · · · · · · · · · ·	
Mr. Marlene Weatherwax Mailing Address 6906 S. Five Points Road City State Zip Code Indianapolis IN 46259-9754 FEC ID number of contributing federal political committee. Name of Employer Columbus Regional Hospital Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 18680337 Amount of Each Receipt this Period 250.00	Primary General		
City Indianapolis IN 46259-9754 FEC ID number of contributing federal political committee. Name of Employer Columbus Regional Hospital Primary General Other (specify) ▼ C 10 0 6 2 0 1 0 Transaction ID: 18680337 Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date ▼ 250.00			Date of Receipt
Indianapolis IN 46259-9754 Amount of Each Receipt this Period C 250.00 Name of Employer Columbus Regional Hospital Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date ▼ 250.00	Mailing Address 6906 S. Five Po	ints Road	
FEC ID number of contributing federal political committee. Name of Employer Columbus Regional Hospital Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00	•		
Federal political committee. Name of Employer Columbus Regional Hospital Occupation Vice President and Chief Financial Off Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 250.00	•	IN 46259-9754	Amount of Each Receipt this Period
Columbus Regional Hospital Vice President and Chief Financial Off Receipt For: Primary General Other (specify) 1250.00		C	250.00
Primary General Other (specify) ▼ 250.00	Name of Employer Columbus Regional Hospital	·	
Other (specify) ▼ 250.00		Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		250.00	
	SURTOTAL of Receints This Page (onti	ional)	1250.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee to	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Thomas L. Bell		Date of Receipt
	Mailing Address 4301 NW Valley Road		10 06 2010
	City	State Zip Code	Transaction ID: 18680350
	Topeka	KS 66618-3445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	67.30
	Name of Employer Kansas Hospital Associati- on	Occupation President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 740.17	
	Full Name (Last, First, Middle Initial) Mr. John R. Broberg Mailing Address 1020 Parkshire Cir		Date of Receipt
	Mailing Address 1020 Parkshire Cir		10 06 2010
	City	State Zip Code	Transaction ID: 18680359
	Manhattan	KS 66503-2475	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Mercy Regional Health Cen- ter	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. Robert L Driewer, , CHE	1	Date of Receipt
	Mailing Address 1201 West 12th Aven	ue	10 06 7 2010
	City	State Zip Code	Transaction ID: 18680380
	Emporia	KS 66801-2504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Newman Regional Health	Occupation Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
Г			567.30

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 104 (check only one) X 11a
(Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may no e name and address	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Dennis L George			Date of Receipt
	Mailing Address P O Box 189	Ctoto	7'- Oada	10 06 2010
	City Burlington	State KS	Zip Code 66839-0189	Transaction ID: 18680391 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Coffey County Hospital	Occupation Chief Execu	utive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Melissa Levy Hungerford Mailing Address 6448 SW Bayshore D	r		Date of Receipt
				10 06 2010
	City Auburn	State KS	Zip Code 66402-9324	Transaction ID: 18680414 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00102 0021	67.30
	Name of Employer Kansas Hospital Associati- on	Occupation Sr. Vice Pre	esident	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 240.37	
_ C.	Full Name (Last, First, Middle Initial) Dr. John H Jeter, , M.D.			Date of Receipt
	Mailing Address P O Box 8100			10 06 2010
	City Havs	State KS	Zip Code	Transaction ID: 18680417
	FEC ID number of contributing federal political committee.	C	67601-8100	Amount of Each Receipt this Period 250.00
	Name of Employer Hays Medical Center	Occupation President a	nd Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		567.30
T	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Statemen or for commercial purposes, other than using the name at	ts may not be sold or used by any persor nd address of any political committee to	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Fred J. Lucky Mailing Address 14607 W 89		Date of Receipt
City Sta	ate Zip Code	1 0 0 6 2 0 1 0 Transaction ID: 18680431
<u>Lenexa</u> KS	66215-2967	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		151.45
Kansas Hospitál Association Sen	upation ior Vice President	
Receipt For: Primary General Other (specify)	regate Year-to-Date ▼ 552.45	
Full Name (Last, First, Middle Initial) Mr. Gregory S Lundstrom Mailing Address 605 West Lincoln Street		Date of Receipt
		10 06 2010
City Sta Lindsborg KS	'	Transaction ID: 18680433 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Kansas Hospitál Associati₋	upation ninistrator and Chief Executive Off	
Receipt For: Primary General Other (specify) ▼	regate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Robert T. Meling		Date of Receipt
Mailing Address 13005 Catalina Street		M M / D D / Y Y Y Y Y Y 1 0 0 6 2 0 1 0
City Sta	'	Transaction ID: 18680440
<u>Leawood</u> KS	66209-2392	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		67.31
Associated Purchasing Services Corpora	upation ior Vice President	
	regate Year-to-Date ▼	
Primary General Other (specify) ▼	240.38	
SUBTOTAL of Receipts This Page (optional)		468.76
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only)		

Any information copied from sor for commercial purposes, NAME OF COMMITTEE American Hospital As	other than using the name and a (In Full)	ay not be sold or used by any perso ddress of any political committee to	on for the nurnose of soliciting contributions
\ \	` '		o solicit contributions from such committee.
	sociation PAC		
Full Name (Last, First, Mid Mr. Kent E. Palmberg, , M.D			Date of Receipt
Mailing Address 1216			10 06 2010
City	State	Zip Code	Transaction ID: 18680458
<u>Topeka</u>	KS	66615-1236	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			250.00
Name of Employer Stormont-Vail HealthCare	Occupati Senior V	on Vice President and Chief Med	ica
Receipt For: Primary G Other (specify) ▼	Aggrega	te Year-to-Date ▼ 250.00	
Full Name (Last, First, Mid Mrs. Janet Stanek	ddle Initial)		Date of Receipt
Mailing Address 6755	SW Dancaster Road		10 / 06 / Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18680477
<u>Topeka</u>	KS	66610-1412	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			500.00
Name of Employer Stormont-Vail HealthCare	Occupati Sr. Vice	on President	7
Receipt For: Primary G Other (specify)	Aggrega	te Year-to-Date ▼ 500.00	
Full Name (Last, First, Mid Mr. Scott J Taylor	ddle Initial)		Date of Receipt
Mailing Address 401 E	ast Spuce Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18680486
Garden City	KS	67846-5679	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			250.00
Name of Employer St. Catherine Hospital	Occupati Preside	on nt and Chief Executive Office	 r
Receipt For:	Aggrega	te Year-to-Date ▼	
Primary G Other (specify) ▼	eneral	250.00	
SURTOTAL of Possints Th	is Page (optional)		1000.00
JUDITAL OF RECEIPTS IN	15 Faye (UpliUnal)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate for each categ Detailed Sumr	ory of the (Check only one)
Any information copied from such Reports a	and Statements may not be sold or us	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PA		a committee to solicit contributions from soon committee.
Full Name (Last, First, Middle Initial) Mr John E. Yox		Date of Receipt
Mailing Address 2220 Center		1 0 0 6 2 0 1 0
City	State Zip Code	Transaction ID: 18680502
Garden City	KS 67846-3517	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. Catherine Hospital	Occupation Senior VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) Ms. Katie Vaughan		Date of Receipt
Mailing Address 506A East Howell	Avenue	10 13 2010
City Alexandria	State Zip Code VA 22301-1216	Transaction ID: PR1034595124262
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
Name of Employer American Hospital Associa-	Occupation Associate Director	
tion-Washingt Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	riggiogate real to Date	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton		Date of Receipt
Mailing Address 325 Seventh Stree Suite 700	rt, NW	1 0 1 3 2 0 1 0
City	State Zip Code	Transaction ID: PR1045726224262
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice President &	General Counse
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$40.00 Bi-Weekly)
SURTOTAL of Receipts This Page (ontion	al)	310.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for e	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 63 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A C	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be name and address of	e sold or used by any perso f any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
. <u>/</u>	Full Name (Last, First, Middle Initial) Mr. David Schulke			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		p Code	Transaction ID: PR1057462124262
	Washington FEC ID number of contributing		0004-2801	Amount of Each Receipt this Period 58.82
	federal political committee.	C		30.02
	Name of Employer American Hospital Associa- tion-Washingt	Occupation VP Research P	Programs	
	Receipt For:	Aggregate Year-to	o-Date ▼	
	Primary General Other (specify) ▼	0 0 0	705.84	P/R Deduction (\$58.82 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Sarah Berk			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		p Code	Transaction ID: PR1082532724262
	Washington	DC 20	0004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		14.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associa	te Director	
	Receipt For:	Aggregate Year-to	o-Date ▼	
	Primary General Other (specify) ▼		280.00	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Barbara Jellen			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		10 13 2010
	City		p Code	Transaction ID: PR1113464224262
	Washington	DC 20	0004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		14.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Section Directo	or, Constituency Section	n
	Receipt For:	Aggregate Year-to	o-Date ▼	
	Primary General Other (specify) ▼		280.00	P/R Deduction (\$14.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)			86.82

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any persor name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Lisa Allen		Date of Receipt
	Mailing Address One North Franklin		10 13 2010
	City	State Zip Code	Transaction ID: PR1118928224262
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.58
	Name of Employer American Hospital Associa-	Occupation Sr. Vice President, Chief Human Reso	ulr
	tion-Chicago Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	246.96	P/R Deduction (\$20.58 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Mary Meadows		Date of Receipt
	Mailing Address One North Franklin		10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1260472924262
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	14.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director of Professional Practice, AON	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	280.00	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Elizabeth Baskett	<u> </u>	Date of Receipt
	Mailing Address 325 Seventh Street, N	N	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1332167424262
	Washington	DC 20004-2802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.91
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate Director, Policy	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$15.91 Bi-
	Other (specify) 🔻	270.47	Weekly)
	SUPPORAL of Pagainte This Paga (antional)		50.49

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. James Wadzinski		Date of Receipt
	Mailing Address One North Franklin		10 13 2010
	City	State Zip Code IL 60606-3436	Transaction ID: PR1347703424262
	Chicago FEC ID number of contributing federal political committee.	C 60606-3436	Amount of Each Receipt this Period 20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President Account Services	
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi-
_	Other (specify)		Weekly)
	Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay		Date of Receipt
	Mailing Address One North Franklin		10 13 7 9 9 9
	City	State Zip Code	Transaction ID: PR1347703624262
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President & CIO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Susan Gergely	<u> </u>	Date of Receipt
	Mailing Address One North Franklin		10 13 2010
	City	State Zip Code	Transaction ID: PR1347791024262
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	14.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director of Operations, AONE	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)
	CURTOTAL of Descipts This Dags (entianel)		54.00

SCHEDULE A (FITEMIZED RECE		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 104 (check only one) X
Any information copied fro or for commercial purpose NAME OF COMMITTE	s, other than using the name a	nts may not be sold or used by any personand address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Hospital	Association PAC		
Full Name (Last, First, Mr. John Slotman	Middle Initial)		Date of Receipt
Suit	Seventh Street, NW te 700		10 13 2010
City Washington	St Di	ate Zip Code C 20004-2802	Transaction ID: PR1384065324262 Amount of Each Receipt this Period
FEC ID number of con federal political commit	tributing		20.00
Name of Employer American Hospital Ass tion-Washingt	ASS	supation sociate Director, Federal Relations	5
Receipt For: Primary Other (specify)	General	gregate Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Ms. Sharon Allen	Middle Initial)		Date of Receipt
Mailing Address 155	North Wacker Drive		10 13 2010
City		ate Zip Code	Transaction ID: PR1474886224262
Chicago	<u>IL</u>	60606-1709	Amount of Each Receipt this Period
FEC ID number of con federal political commit			17.50
Name of Employer American Hospital Ass tion-Chicago	ocia- Occ Mei	supation mbership and Marketing Manager	· ASHHR
Receipt For:		gregate Year-to-Date ▼	
Primary Other (specify)	General	262.50	P/R Deduction (\$17.50 Bi- Weekly)
Full Name (Last, First, Mr. Mark Colucci	Middle Initial)		Date of Receipt
Mailing Address 106	1 N Penny Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		ate Zip Code	Transaction ID: PR1475133724262
<u>Palatine</u>	IL	60067-1821	Amount of Each Receipt this Period
FEC ID number of con federal political commit			20.00
Name of Employer American Hospital Ass tion-Chicago	Inal	cupation cional Director Sponsorship and U	Inde
Receipt For: Primary Other (specify)	General	gregate Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi- Weekly)
			57.50

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 104 (check only one) X
0	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
. <u>/</u>	Full Name (Last, First, Middle Initial) Ms. Stephanie H. Drake		Date of Receipt
	Mailing Address One North Franklin		10 13 / Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1492459924262
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Executive Director - ASH	HRA
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Monica D Day		Date of Receipt
	Mailing Address 10224 Prince Place #2	05	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1516850624262
	Largo	MD 20774-1210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	14.00
	Name of Employer American Hospital Associa- tion-Washinot	Occupation Political Affairs Coordinator	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	280.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Elisa Arespacochaga		Date of Receipt
	Mailing Address One North Franklin		10 13 YYYYY 10 13 2010
	City	State Zip Code	Transaction ID: PR1555656224262
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	14.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Director, Constituency Se	ecti
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	280.00	P/R Deduction (\$14.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		48.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Clinton S. Manning		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700		10 13 2010
	City <u>Washington</u>	State Zip Code DC 20004-2802	Transaction ID: PR1555656524262 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	14.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Asst. Director Advocacy & Member Co Aggregate Year-to-Date ▼	mmu
	Primary General Other (specify) ▼	280.00	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Kathy Poole		Date of Receipt
	Mailing Address One North Franklin		10 13 / Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1589439924262
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	14.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director, Governance Projects	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	280.00	P/R Deduction (\$14.00 Bi- Weekly)
-	Full Name (Last, First, Middle Initial) Mr. Robert Kehoe		Date of Receipt
	Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1625368324262
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	16.67
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Associate Publisher Vertical Magazine Aggregate Year-to-Date	S
	Primary General Other (specify) ▼	266.72	P/R Deduction (\$16.67 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		44.67

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for	nformation copied from such Reports and St r commercial purposes, other than using the AME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
- I \	American Hospital Association PAC			
. <u>M</u>	ull Name (Last, First, Middle Initial) ls. Kelly Redmond			Date of Receipt
_	lailing Address 155 North Wacker Driv		7's Oads	10 13 2010
	ity Chicago	State IL	Zip Code 60606-1709	Transaction ID: PR1625588824262 Amount of Each Receipt this Period
F	EC ID number of contributing deral political committee.	C		14.00
N A	ame of Employer merican Hospital Associa- on-Chicago	Occupatio Director	n Operations	
	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi- Weekly)
	ull Name (Last, First, Middle Initial) Ir. Stephen Hines			Date of Receipt
M	ailing Address 155 North Wacker Driv	'e		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: PR1648726624262
<u>C</u>	Chicago	<u>IL</u>	60606-1709	Amount of Each Receipt this Period
fe	EC ID number of contributing ederal political committee.	C		16.67
<u>tio</u>	ame of Employer merican Hospital Associa- on-Chicago		earch HRET	
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 266.72	P/R Deduction (\$16.67 Bi- Weekly)
	ull Name (Last, First, Middle Initial) Is. Lisa Grabert			Date of Receipt
M	ailing Address 325 Seventh Street, NV Suite 700	N		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: PR1671258624262
F	Vashington EC ID number of contributing dederal political committee.	C	20004-2801	Amount of Each Receipt this Period 45.45
N A	ame of Employer merican Hospital Associa- on-Washingt	Occupatio	n ssociate Director, Policy	
	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 772.65	P/R Deduction (\$45.45 Bi- Weekly)
SUF	BTOTAL of Receipts This Page (optional)			76.12

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each ca	ate schedule(s) tegory of the ummary Page	FOR LINE NUMBER: PAGE 70 / 104 (check only one) X 11a
\ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold on name and address of any po	r used by any person olitical committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	American Hospital Association PAC			
١.	Full Name (Last, First, Middle Initial) Mr Robert P David			Date of Receipt
	Mailing Address One North Franklin			10 13 7 2010
	City <u>Chicago</u>	State Zip Code IL 60606-34		Transaction ID: PR1677512424262 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1	45.45
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Regional Executive Aggregate Year-to-Date	▼	-
	Primary General Other (specify) ▼	Aggregate real-to-Date	772.65	P/R Deduction (\$45.45 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Ms. Linda Fishman			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	1		10 13 2010
	City	State Zip Code		Transaction ID: PR327629124262
	Washington FEC ID number of contributing federal political committee.	DC 20004-28	318	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice Presiden	t, Public Policy	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	800.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner			Date of Receipt
	Mailing Address 11004 Petersborough [rive		10 13 YYYY 2010
	City	State Zip Code		Transaction ID: PR327745924262
	Rockville FEC ID number of contributing federal political committee.	MD 20852-32	249	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Grassroots	Advocacy	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	800.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			125.45

ľ	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 11
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Michael P. McCue		Date of Receipt
	Mailing Address 122 N. Greenwood Ave	enue	10 13 2010
	City	State Zip Code	Transaction ID: PR327771624262
	Park Ridge	IL 60068-3227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	P/R Deduction (\$20.00 Bi- Weekly)
 s.	Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik		Date of Receipt
	Mailing Address One North Franklin		10 13 7 2010
	City	State Zip Code	Transaction ID: PR327777224262
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	14.00
	Name of Employer American Hospital Associa-	Occupation Director, Long-Term Care	
	tion-Chicago Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	280.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock		Date of Receipt
-	Mailing Address 1022 S. Harvey Avenue	9	10 13 YYYYY 10 13 2010
	City	State Zip Code	Transaction ID: PR327777824262
	Oak Park	IL 60304-2132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Member Relations	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	D/D D - 1 - 1 (6 to co D)
	Other (specify) ▼	800.00	P/R Deduction (\$40.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)		74.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r	Statements may not be sold or used by any pe e name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , , ,	
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele		Date of Receipt
Mailing Address 1003 Kimberly Place		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR327801724262
Great Falls	VA 22066-1546	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	400.00	P/R Deduction (\$20.00 Bi- Weekly)
Other (Specify)		Troomy)
Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700		10 13 2010
City	State Zip Code	Transaction ID: PR327812024262
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Chief Executive Officer, AONE & S	cr. Vi
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Joan H. Lewis	1	Date of Receipt
Mailing Address 6034 North 22nd Stre	et	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR327831724262
Arlington	VA 22205-3408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	P/R Deduction (\$20.00 Bi- Weekly)
		80.00

SCHEDULE ITEMIZED RI	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	ı → →	
Any information cop or for commercial pr	ied from such Reports and Staurposes, other than using the n	atements may name and add	not be sold or used by any pers lress of any political committee to	on for the purpose of solicit contributions	of soliciting contributions s from such committee.
\	MITTEE (In Full) pital Association PAC				
Full Name (Last, Mr. Robert J. Don	First, Middle Initial)			Date of Rece	eipt
Mailing Address	One North Franklin Stre	eet			D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago		State IL	Zip Code 60606		ID: PR327846224262 ach Receipt this Period
FEC ID number federal political of		C		- Amount of E	20.00
Name of Employ American Hospi tion-Chicago Receipt For: Primary Other (spe	General		n vident, Meetings & Travel S Year-to-Date ▼ 400.00		on (\$20.00 Bi-
Full Name (Last, Ms. Ellen A. Pryg. Mailing Address		V		Date of Rece	eipt
City	Apt. 1008	State	Zip Code	1 0	1 3 2 0 1 0 ID: PR327851924262
Washington		DC	20008-2614		ach Receipt this Period
FEC ID number federal political c		C	1 1 1 1 1 1	- Amount of E	20.00
Name of Employ American Hospi tion-Washingt	er al Associa-	Occupation Director,	n Policy Development		
Receipt For: Primary Other (spe	General	Aggregate	Year-to-Date ▼ 400.00	P/R Deducti Weekly)	on (\$20.00 Bi-
Full Name (Last, Mr. Mark Sekleck	First, Middle Initial)			Date of Rece	eipt
Mailing Address	325 Seventh Street, NW Suite 700	V		10	D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction	ID: PR327858024262
Washington		DC	20004-2818	Amount of E	ach Receipt this Period
FEC ID number federal political c		С			40.00
Name of Employ American Hospi tion-Washingt Receipt For:	er al Associa-		n sident, Political Affairs Year-to-Date ▼		
Primary Other (spe	General cify) ▼	Aggregate	800.00	P/R Deducti Weekly)	on (\$40.00 Bi-
SUBTOTAL of Re	Leipts This Page (optional)				80.00
	d (last page this line number of				

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. John F. Barry		Date of Receipt
	Mailing Address One North Franklin	7, 0, 4	10 13 2010
	City Millis	State Zip Code MA 60606-3436	Transaction ID: PR327877824262 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	800.00	P/R Deduction (\$40.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom		Date of Receipt
	Mailing Address 130 North Garland Co #3002		10 13 2010
	Chicago	State Zip Code IL 60602-4750	Transaction ID: PR327895724262
	Chicago FEC ID number of contributing federal political committee.	IL 60602-4750	Amount of Each Receipt this Period 45.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	775.00	P/R Deduction (\$45.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Eileen M. Collins Offner		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700		10 13 2010
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR327906124262
	FEC ID number of contributing federal political committee.	C 20004-2618	Amount of Each Receipt this Period 14.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director Policy Development	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	280.00	P/R Deduction (\$14.00 Bi- Weekly)
	SUPTOTAL of Passints This Page (entional)		99.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Ai	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any persoderess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\angle	American Hospital Association PAC Full Name (Last, First, Middle Initial)			
۱.	Ms. Judy Williams Mailing Address One North Franklin Stre	eet		Date of Receipt
	City	State	Zip Code	1 0 1 3 2 0 1 0 Transaction ID: PR327918924262
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		14.00
	Name of Employer American Hospital Associa- tion-Chicago	_	Membership	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi- Weekly)
. —	Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		10 13 2010
	City	State	Zip Code	Transaction ID: PR328132824262
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer American Hospital Associa- tion-Washingt		t and Chief Executive Officer	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 7th Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328136924262
	La Grange	<u>IL</u>	60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago	-	President, Member Relations	3
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00	P/R Deduction (\$40.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			94.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 104 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Lauren A. Barnett			Date of Receipt
	Mailing Address One North Franklin St	reet		10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chicago	State IL	Zip Code 60606	Transaction ID: PR328174924262 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00000	14.00
	Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify)		Director, SHSMD Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian Mailing Address 5545 North Wayne	0 0	0 0 0 0 0 0	Date of Receipt
				10 13 2010
	City Chicago	State IL	Zip Code 60640-1318	Transaction ID: PR328223824262
	FEC ID number of contributing federal political committee.	C	00040-1010	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Ron O. Purcell			Date of Receipt
	Mailing Address 1093 N. Faldo Way			10 13 YYYY 2010
	City	State	Zip Code	Transaction ID: PR328241424262
	Eagle	ID	83616-5369	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	,	Executive Year-to-Date	
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			74.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE /// 104 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	up on the sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC	io namo ano ao	arooo or ary pointed committee to	
Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt
Mailing Address 3475 North Venice S	treet		M M / D D / Y Y Y Y Y Y 1 1 0 1 3 2 0 1 0
City Arlington	State VA	Zip Code 22207-4446	Transaction ID: PR328260924262 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer American Hospital Associa- tion-Washingt	Occupatio Executive	n e Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
Mailing Address 325 Seventh Street, I Suite 700			10 13 2010
City <u>Washington</u>	State DC	Zip Code 20004-2818	Transaction ID: PR328341824262 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer American Hospital Associa- tion-Washingt	Occupatio Director,	n Political Action & Grassroot	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 810.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
Mailing Address 200 Clover Hill Court			10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Yardley	State PA	Zip Code 19067-5736	Transaction ID: PR328511824262 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15007 5750	40.00
Name of Employer American Hospital Associa- tion-Chicago	_ ' 	Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	P/R Deduction (\$40.00 Bi- Weekly)
			120.00

	FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any part and address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell		Date of Receipt
	Mailing Address 1501 N. Harrison Stree		10 13 2010
	City Arlington	State Zip Code VA 22205-2726	Transaction ID: PR328512024262 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice President, Communic	cations
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. George Arges		Date of Receipt
	Mailing Address One North Franklin St.		10 13 2010
	City	State Zip Code	Transaction ID: PR328641124262
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Director, Health Data Man	nagemen
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke		Date of Receipt
	Mailing Address One North Franklin Av	e.	10 13 2010
	City	State Zip Code	Transaction ID: PR328913324262
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation President & CEO, AHA Solutions	, Inc. &
	Receipt For: Primary General	Aggregate Year-to-Date ▼	D/D Deduction (0.10.00 B)
	Other (specify)	800.00	P/R Deduction (\$40.00 Bi- Weekly)
	CURTOTAL of Descints This Dags (antional)		80.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 104 (check only one) X
Į.	any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any personness of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey			Date of Receipt
	Mailing Address One North Franklin St	treet		10 13 / Y Y Y Y Y Y
	City Chicago	State IL	Zip Code 60606	Transaction ID: PR329013424262 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00000	20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation SPSA Dir		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Dr. John R. Combes			Date of Receipt
	Mailing Address One North Franklin			10 13 YYYY 2010
	City	State	Zip Code	Transaction ID: PR329071324262
	Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation President	n t & Chief Operating Officer,	c
	Receipt For:	- · · · · · · · · · · · · · · · · · · ·	Year-to-Date ▼	
	Primary General Other (specify) ▼		800.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	IW		10 13 2010
	City	State	Zip Code	Transaction ID: PR329084424262
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa- tion-Washingt		ssociate Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)			80.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for e	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 80 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and S	Statements may not be a name and address of	sold or used by any person	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt
Mailing Address 500 Interstate Bouleva			10 13 7 2010
City	•	Code	Transaction ID: PR329215724262
<u>Nashville</u>	TN 37	210-4634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation AHA Regional E	Executive	
Receipt For:	Aggregate Year-to		1
Primary General Other (specify) ▼		800.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. John Evans	1		Date of Receipt
Mailing Address One North Franklin St	reet		10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip	Code	Transaction ID: PR329342624262
Chicago	IL 60	606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Vice Pre	sident & CFO	
Receipt For:	Aggregate Year-to	-Date ▼	
Primary General Other (specify) ▼		280.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Audrey L. Harris	1		Date of Receipt
Mailing Address 1136 W. Farwell Ave.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip	Code	Transaction ID: PR329654224262
Chicago	IL 60	626-3861	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Direct	tor, ASDVS	
Receipt For:	Aggregate Year-to	-Date ▼	
Primary ☐ General Other (specify) ▼	0 0 0	280.00	P/R Deduction (\$14.00 Bi- Weekly)
UBTOTAL of Receipts This Page (optional) .	1		68.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 104 (check only one) X
A C	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
. <u>/</u>	Full Name (Last, First, Middle Initial) Ms. Patricia Meersman		Date of Receipt
	Mailing Address One North Franklin		10 13 / Y Y Y Y Y
	City <u>Chicago</u>	State Zip Code IL 60606-3436	Transaction ID: PR330343324262 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Director Member Relations	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Thomas Misfeldt		Date of Receipt
	Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR330411624262
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Regional Executive	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Maureen D. Mudron		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700		10 13 2010
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR330465224262
	FEC ID number of contributing federal political committee.	C 20004-2016	Amount of Each Receipt this Period 14.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Deputy General Counsel	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		54.00

ľ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 104 (check only one) X 11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and Sir for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any pel name and address of any political committee	to solicit contributions from such committee.
	American Hospital Association PAC		
۸.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca		Date of Receipt
	Mailing Address 4960 138th Circle Wes	t	10 13 2010
	City	State Zip Code	Transaction ID: PR330475424262
	Apple Valley	MN 55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	800.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard		Date of Receipt
	Mailing Address 6109 North 9th Road		10 13 2010
	City	State Zip Code	Transaction ID: PR330534324262
	Arlington	VA 22205-1609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	400.00	P/R Deduction (\$20.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell		Date of Receipt
	Mailing Address One North Franklin		10 13 7 9 9 9
	City	State Zip Code	Transaction ID: PR330547724262
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Strategic Planning	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	P/P Doduction (*20.00 Pi
	Other (specify)	400.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		80.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 104 (check only one) X 11a
A 0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt
	Mailing Address 172 Atteridge		10 13 2010
	City Lake Forest	State Zip Code IL 60045-1715	Transaction ID: PR330549224262 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Constituency Section	1
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Anthony Spohn		Date of Receipt
	Mailing Address 3219 N. Oriole		10 13 YYYYY 10 13 2010
	City	State Zip Code	Transaction ID: PR331098324262
	Chicago	IL 60634-3232	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director, Associate Membra	ersh
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Debi H. Tucker, Esq.		Date of Receipt
	Mailing Address 1101 N. Kentucky Str	reet	10 13 2010
	City	State Zip Code	Transaction ID: PR331278824262
	Arlington	VA 22205-3515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	14.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, State Issues Forum	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi- Weekly)
	SUPTOTAL of Possints This Page (entional)		74.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17
, c	ny information copied from such Reports and S r for commercial purposes, other than using the	statements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
∠ 4 .	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush		Date of Receipt
	Mailing Address 26 West Glendale Ave		10 13 7 9 9 9
	City Alexandria	State Zip Code VA 22301-2402	Transaction ID: PR331304224262 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 22301-2402	53.33
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director Advocacy and Public Policy C	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 733.30	P/R Deduction (\$53.33 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb		Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700		10 13 7 9 9 9
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR331379124262
	FEC ID number of contributing federal political committee.	C 20004-2016	Amount of Each Receipt this Period
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Director Federal Relations & Polic	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi- Weekly)
- :.	Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer		Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700	W	10 13 2010
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR331386924262
	FEC ID number of contributing federal political committee.	C 20004-2016	Amount of Each Receipt this Period 14.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		81.33

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
. \ .	Full Name (Last, First, Middle Initial) Mr. Alex R. White, Sr.		Date of Receipt
	Mailing Address 6225 US Hwy 290 E		10 13 2010
	City Austin	State Zip Code TX 78761-5587	Transaction ID: PR331416024262 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation AHA Regional Executive for TX	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$60.00 Bi-
	Other (specify)	1200.00	Weekly)
- 3.	Full Name (Last, First, Middle Initial) Mr. Woodin Dale		Date of Receipt
	Mailing Address 800 W. Central Road		10 13 YYYYY 10 13 2010
	City	State Zip Code	Transaction ID: PR331481324262
	Arlington Heights	IL 60005-2349	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	14.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director, ASHE	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	280.00	P/R Deduction (\$14.00 Bi- Weekly)
. -	Full Name (Last, First, Middle Initial) Mr. Donald May		Date of Receipt
	Mailing Address 521 Great Falls St.		10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR331533224262
	Falls Church	VA 22046-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Policy	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 800.00	P/R Deduction (\$40.00 Bi- Weekly)
Г			114.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 104 (check only one) X 11a 11b 11c 12 15 16 17
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	statements may not be sold or used by any persor and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
∠ A.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy		Date of Receipt
	Mailing Address One North Franklin	Old 7's Old	10 13 2010
	City <u>Chicago</u>	State Zip Code IL 60606-3436	Transaction ID: PR346168124262 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, PMG	1
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	800.00	P/R Deduction (\$40.00 Bi- Weekly)
_ В.	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700		10 13 7 2010
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR517619724262
	FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President Executive Branch Relat	ti
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	P/R Deduction (\$40.00 Bi- Weekly)
_ C.	Full Name (Last, First, Middle Initial) Ms. Megan Cundari		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W	10 13 2010
	City	State Zip Code	Transaction ID: PR518031924262
	Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 30.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$30.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		110.00

	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 104 (check only one) X 11a
or f	r information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
	American Hospital Association PAC Full Name (Last, First, Middle Initial)			1
٠.	Ms. Laura M. Werner Mailing Address 325 Seventh Street, NV	N		Date of Receipt
-	Suite 700	Ctata	Zin Code	10 13 2010
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR560101524262 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004 2010	14.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Project M		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Carlos Jackson			Date of Receipt
	Mailing Address 325 Seventh Street, NV	N		10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR566280924262
-	Washington	DC	20004-2802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
-	Name of Employer American Hospital Associa- tion-Washingt		e Director, Federal Relations	3
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson			Date of Receipt
-	Mailing Address 606 S. Royal St.			10 13 2010
	City	State	Zip Code	Transaction ID: PR766023724262
	Alexandria	VA	22314-4142	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
-	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director,	Policy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi- Weekly)
SU	IBTOTAL of Receipts This Page (optional)			54.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 104 (check only one) X 11a
Ar	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC			
۱.	Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700		7's Oads	10 13 2010
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR801366324262 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		14.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupatio Senior A	n ssociate Director Policy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Hrobsky			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	N		10 / 13 / 2010
	City	State	Zip Code	Transaction ID: PR876637224262
	Washington FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period 20.00
	Name of Employer American Hospital Associa- tion-Washingt		sident, Legislative Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Jennifer Armstrong Gay			Date of Receipt
	Mailing Address 10702 Benning Way			10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR928186524262
	Spotsylvania FEC ID number of contributing federal political committee.	C	22551-4670	Amount of Each Receipt this Period 15.91
	Name of Employer American Hospital Associa- tion-Washingt	Occupatio Director	n Communication Strategies	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.47	P/R Deduction (\$15.91 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			49.91

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Sheila R. Meadows			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700			10 13 / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR936292324262
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		14.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior D	n irector of Operations	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. David A. Strickland			Date of Receipt
	Mailing Address One N. Franklin Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR939603924262
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		14.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executiv	n e Director Quality Center	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		280.00	P/R Deduction (\$14.00 Bi- Weekly)

SUBTOTAL of Receipts This Page (optional)	•	28.00
TOTAL This Period (last page this line number only)		57409.87

SCHEDULE B (FEC Form 3X)	Use separate schedule				E NUMBI ly one)	ER:		PA	GE 90/	104	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag			21b 27	22 28a	X 23 28b		24 28c	25 29	F	26 30
ny Information copied from such Reports and Start for commercial purposes, other than using the r											
NAME OF COMMITTEE (In Full)	arrie and address of any point	icai coi	11111111	ee io s	Olicit COLL	IIIDULIOIIS II	OIII	Sucirio	Ommittee		
American Hospital Association PAC											
Full Name (Last, First, Middle Initial) Committee To Reelect Congressman C	hris Smith				Date	saction ID of Disburs	eme				
Mailing Address P.O. Box 3184					1 ^M 0	M / D	0 1	/ Y	201	0 ^Y	
City Hamilton	State Zip Code NJ 08619				Amo	unt of Eacl	n Dis	sburser	ment this	Perio	od
Purpose of Disbursement	110 00019				$+$ Γ				1000.0	0	
Contribution			01	1			•				
Candidate Name Rep. Christopher H. Smith		C	ateg Typ	,							
Office Sought: X House Disb Senate President State: NJ District: 04	Primary X Gener Other (specify) ▼	al			Cont	ribution					
Full Name (Last, First, Middle Initial) Serving America's Citizens - SAC PAC						saction ID of Disburs			979		
Mailing Address PO Box 455					1 ^M 0	M / D	0 1	/ Y	ž 0 1	0 ^Y	
City	State Zip Code				Amo	unt of Each	n Dis	sburser	ment this	Perio	od
Alexandria Purpose of Disbursement	VA 22313						•		2500.0	0	
2010 Contribution			01	1			•				
Candidate Name Serving America's Citizens - SAC PAC		C	ateg Typ								
Office Sought: House Disb Senate President State: District:	orsement For: Primary Generation Other (specify) ▼	al			2010	Contribu	ıtior	1			
Full Name (Last, First, Middle Initial) Childers For Congress						saction ID of Disburs	D: 18626019 sement				
Mailing Address PO Box 177					1 ^M 0	M / D	0 1	/ Y	ž 0 1	0 ^Y	
City Booneville	State Zip Code MS 38829				Amo	unt of Eacl	n Dis	sburser	ment this	Perio	od
Purpose of Disbursement Contribution	IVIS 30029	Tr	01	1					1000.0	0	
Candidate Name Rep. Travis Wayne Childers			ateg Typ	ory/							
Office Sought: X House Senate President State: MS District: 01	ursement For: 2010 Primary X Gener Other (specify) ▼	al			Cont	ribution					
SUBTOTAL of Disbursements This Page (option	al)								4500.0	0	
TOTAL This Period (last page this line number of	nlv)						•	•			\Box
66AN026	· · · · · · · · · · · · · · · · · · ·					C Schedu	ıle B	/ Form	n 3Y\ /D/	ovico	A 03

В.

C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN			R:		Р	AGE	91 /	104
ITEMIZED DISBURSEMENTS		category of the Summary Page		Ė	21b 27	П	22 28a	X	23 28b	24 280		25 29	26 30b
Any Information copied from such Reports and Stater													S
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and addres	ss of any political	com	nm	littee to s	SOIICI	t contr	ibuti	ons tro	om sucn	com	mittee	
American Hospital Association PAC													
<u>'</u>													
Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy									on ID: sburse	1862 ement	615	5	
Mailing Address P.O. Box 127							1 ^M 0	М	0	1 /	Y	2 0 1	o ^Y
City Cheshire	State CT	Zip Code 06410					Amou	nt of	f Each	Disburs	emer	nt this	Period
Purpose of Disbursement Contribution				0	11		<u></u>	_			5	500.0)
Candidate Name Rep. Christopher Scott Murphy					egory/ ype								
Senate President	ement For: Primary Other (spe	2010 X General ecify)				(Contri	ibut	ion				
State: CT District: 05						-							
Full Name (Last, First, Middle Initial) Moran For Congress							Date o	of Di	sburse				_
Mailing Address 311 North Washington S Suite 200l	Street						1 ^M 0	М	^D 0	1 /	Y 2	2 0 1	o [*]
City Alexandria	State VA	Zip Code 22314					Amou	nt of	f Each	Disburs			
Purpose of Disbursement Contribution				_	11						10	0.00)
Candidate Name Rep. James P. Moran					egory/ ype								
Senate President	ement For: Primary Other (spe	2010 X General ecify) ▼				(Contri	ibut	ion				
State: VA District: 08 Full Name (Last, First, Middle Initial)						+	_			4000	0.4.04		
Ryan For Congress							Date o		sburse	1862 ement			V
Mailing Address P. O. Box 1919							1 0	IVI	0	1 ′	2	2 o 1	ם '
City Janesville	State WI	Zip Code 53547					Amou	nt of	f Each	Disburs			
Purpose of Disbursement Contribution				_	11		<u></u>				25	500.0	J
Candidate Name Rep. Paul D. Ryan					egory/ ype								
Senate President	ement For: Primary Other (spe	2010 X General ecify) ▼				(Contri	ibut	ion				
State: WI District: 01											40	00.00	
SUBTOTAL of Disbursements This Page (optional)					<u>. ▶</u>		\vdash	_	-		70	JŲ.U	

TOTAL This Period (last page this line number only)

		B (FEC Form	y Use se	eparate schedule(s) FOR LINE (check onl	E NUMBER: PAGE 92 / 104
Τ	EMIZED DIS	SBURSEMEN		ch category of the ed Summary Page	21b 27	22 X 23 24 25 28 28 28 29
						for the purpose of soliciting contributions plicit contributions from such committee
\rangle	NAME OF COM	•				
	Full Name (Last, Citizens For To	First, Middle Initial) om Petri				Transaction ID: 18626173 Date of Disbursement
	Mailing Address	P.O. Box 270				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Fond Du Lac		State WI	Zip Code 54936		Amount of Each Disbursement this Period
	Purpose of Disbu	irsement			011	1000.00
	Candidate Name Rep. Thomas		1 50	2010	Category/ Type	
	Office Sought: State: WI	X House Senate President District: 06	Disbursement For Primary Other (s			Contribution
		First, Middle Initial)	1			Transaction ID: 18626175 Date of Disbursement
	Mailing Address	PO Box 16646				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Milwaukee		State WI	Zip Code 53216		Amount of Each Disbursement this Perio
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	Candidate Name Rep. Gwendol				Category/ Type	
	Office Sought: State: WI	X House Senate President District: 04	Disbursement For Primary Other (s			Contribution
	Full Name (Last, Walter Jones (First, Middle Initial) Committee	•			Transaction ID: 18626180 Date of Disbursement
	Mailing Address	PO Box 3962				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Greenville		State NC	Zip Code 27836		Amount of Each Disbursement this Perio
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	Candidate Name Rep. Walter B.		I post	2012	Category/ Type	•
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American Hospital Association PAC										
Full Name (Last, First, Middle Initial) Price For Congress						action ID		326181		
Mailing Address P.O. Box 1986					1 ^M 0	M / D	0 1	y y	0 Ĭ 0	Y
City Raleigh	State NC	Zip Code 27602			Amou	nt of Each	n Disbu	irsement	t this F	'eri
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Candidate Name Rep. David E. Price				ategory/ Type						
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Full Name (Last, First, Middle Initial) Coble For Congress					Date	action ID of Disburs	ement			
Mailing Address PO Box 1177					1 0	M / D	0 1	y y	0 Í 0	Y
City Greensboro	State NC	Zip Code 27402			Amou	nt of Eacl	n Disbu	irsement	t this F	'eri
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Full Name (Last, First, Middle Initial) Mike McIntyre For Congress					Date	action ID of Disburs	ement			
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Candidate Name Rep. Mike McIntyre				ategory/ Type						
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American Hospital Association PAC															
Full Name (Last, First, Middle Initial) Larry Kissell For Congress							Date o	of D	sburse	em				V	
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Sue Myrick For Congress								of Di	sburse	em D		, ° V	V	V	
Mailing Address P.O. Box 37091							1 0	IVI		1	ľ	2	0 Ĭ	0 '	
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Full Name (Last, First, Middle Initial) Brad Miller For United States Congress								of D	sburse	em	ent				
Mailing Address PO Box 10322							1 ^M 0	М	^D 0	1		Ž	0 1 (0 ^Y	
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\rangle	NAME OF COM American Hos	MITTEE (In Full) pital Association PAC									
	Full Name (Last, Richard Burr C	First, Middle Initial) Committee					Date of Dis				_
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	City Winston-Saler	n	State NC	Zip Code 27113			Amount of I	Each Disbur			_
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	City Louisville		State KY	Zip Code 40202			Amount of I	Each Disbur	sement	this P	'eri
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	Candidate Name Rep. John A.				Ca	ategory/ Type					
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	City Bronxville		State NY	Zip Code 10708			Amount of I	Each Disbur	sement	this P	'erio
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	Candidate Name Rep. Eliot L. E	ngel			Ca	ategory/ Type					
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<u>/</u>	Full Name (Last, First, Middle Initial) Nadler For Congress Mailing Address Village Station, PO Bo	x 40				Date		sburse	186 ement		5 2 0 1 0) ^Y						
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	Full Name (Last, First, Middle Initial) Cantor For Congress Mailing Address P. O. Box 17813							on ID: sburse	ement		6 2 0 1 0) ^Y						
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	Full Name (Last, First, Middle Initial) Lance For Congress					Date o		sburse				Y						
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	Candidate Name Rep. Leonard Lance			_	gory/													
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Ν	NAME OF COMMITTEE (In Full)											
V	American Hospital Association PAC											
	Full Name (Last, First, Middle Initial) Hal Rogers For Congress							n ID: burser	1863 ment	5438	3	
	Mailing Address P.O. Box 1214 East Mt Vernon St						M /	^D 0		Y 2	0 1 0	Y
	City Somerset	State Zip Code KY 42502				Amou	int of	Each [Disburs	emer	t this F	Period
	Purpose of Disbursement Contribution			011			_			10	00.00	
	Candidate Name Rep. Harold Dallas Rogers		Ca	atego Type	ory/							
	Office Sought: X House Senate President State: KY District: 05	sement For: 2010 Primary X General Other (specify)	1			Contr	ibutio	on				
	Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	1863	5827	,	
	Tim Bishop For Congress					Date		burse				Υ
	Mailing Address PO Box 437					1 0			1	2	0 1 0	
	City Farmingville	State Zip Code NY 11738				Amou	int of	Each [Disburs		t this F	-
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	Candidate Name Rep. Timothy Bishop		1	atego Type	•							
	Office Sought: X House Senate President State: NY District: 01	sement For: 2010 Primary X General Other (specify)				Contr	ibuti	on				
	Full Name (Last, First, Middle Initial) Lofgren For Congress							n ID: burser	1866 ment	5728	3	
	Mailing Address P.O. Box 8180					1 ^M 0	M /	^D 1	D /	Ý	0 1 0	Y
	City San Jose	State Zip Code CA 95155				Amou	int of	Each (Disburs	emer	t this F	Perio
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NAME OF COMMITTEE (In Full) American Hospital Associati				
Full Name (Last, First, Middle Init Susan Davis For Congress	ial)			Transaction ID: 18665729 Date of Disbursement
Mailing Address 1212 S. Vi Suite 200	ctory Blvd.			10 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Burbank	State CA	Zip Code 91502	_	Amount of Each Disbursement this Period
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Candidate Name Rep. Susan A. Davis			Category/ Type	
Office Sought: X House Senate President	Disbursement F Prima Other			Contribution
State: CA District: 53 Full Name (Last, First, Middle Init	ial)			
Friends Of Jane Harman	iai)			Transaction ID: 18665730 Date of Disbursement
Mailing Address PO Box 96	3			10 11 7 2010
City Torrance	State CA	Zip Code 90507		Amount of Each Disbursement this Peri
Purpose of Disbursement Contribution			011	1000.00
Candidate Name Rep. Jane Harman			Category/ Type	
Office Sought: X House Senate President State: CA District: 36	Disbursement F Prima Other			Contribution
Full Name (Last, First, Middle Init LoBiondo For Congress	ial)			Transaction ID: 18665748 Date of Disbursement
Mailing Address P.O. Box 5	550			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Vineland	State NJ	Zip Code 08362		Amount of Each Disbursement this Peri
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Candidate Name Rep. Frank A. LoBiondo			Category/ Type	
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NAME OF COMMITTEE (In Full) American Hospital Association				
Full Name (Last, First, Middle Initial) Mark Critz For Congress Com				Transaction ID: 18665760 Date of Disbursement
Mailing Address 551 Main Str	reet Suite 120			10 11 2010
City Johnstown	State PA	Zip Code 15901		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution			011	3000.00
Candidate Name Rep. Mark Critz	1		Category/ Type	
Office Sought: X House Senate President	Disbursement For Primary Other (Contribution
State: PA District: 12 Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona)			Transaction ID: 18665763 Date of Disbursement
Mailing Address PO Box 993				
City Prescott	State AZ	Zip Code 86302		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution	,	00002	011	1500.00
Candidate Name Rep. Ann Kirkpatrick			Category/ Type	
Office Sought: X House Senate President State: AZ District: 01	Disbursement Fo			Contribution
Full Name (Last, First, Middle Initial) Friends of Roy Blunt				Transaction ID: 18665768 Date of Disbursement
Mailing Address PO Box 5010	00			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Springfield	State MO	Zip Code 6585		Amount of Each Disbursement this Perio
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Candidate Name Rep. Roy Blunt			Category/ Type	
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NAME OF COMMITTEE (In Full)												
American Hospital Association PAC												
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Ike Skelton For Congress Committee							of D м	isburse		V ,	V - V -	V
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Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	1866	55776	3	
Friends Of Jim Clyburn						Date	of D	isburse	ement			
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Candidate Name Rep. James E. Clyburn				ateg Typ	- 1							
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Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	1866	5578 ⁻	1	
Klein For Congress						Date	of D	isburse	ement			
Mailing Address 21301 Powerline Roa	ad, Suite 204					1 0	М	1	^D /	Y 2	2 0 1 0	Y
City	State	Zip Code				Amou	ınt o	f Each	Disbur	semer	nt this F	Period
Boca Raton	FL	33433					-			25	500.00	
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Candidate Name Rep. Ronald Klein			Ca	ateg	ory/							
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NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Chet Edwards For Congress Mailing Address PO Box 23273			Transaction ID: 18665783 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Waco	State Zip Code TX 76702		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution Candidate Name Rep. Chet Edwards		011 Category/ Type	2500.00
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Full Name (Last, First, Middle Initial) McHenry For Congress			Transaction ID: 18679080 Date of Disbursement
Mailing Address PO Box 1406			10 1 2 0 1 2 2 0 1 0
City Hickory Purpose of Disbursement	State Zip Code NC 28603		Amount of Each Disbursement this Period 1000.00
Contribution Candidate Name Rep. Patrick Timothy McHenry		011 Category/ Type	
Office Sought: X House Disburing Senate President State: NC District: 10	sement For: 2010 Primary X General Other (specify) ▼	,	Contribution
Full Name (Last, First, Middle Initial) Mel Watt For Congress Committee			Transaction ID: 18679082 Date of Disbursement
Mailing Address PO Box 36831			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Charlotte	State Zip Code NC 28236		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2000.00
Candidate Name Rep. Melvin L. Watt		Category/ Type	
Office Sought: X House Senate President State: NC District: 12	ement For: 2010 Primary X General Other (specify)		Contribution
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American Hospital Association PAC						
Full Name (Last, First, Middle Initial) American Express			Transaction ID: 18667091 Date of Disbursement			
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Merchant Fees		001				
Candidate Name		Category/ Type				
Senate	ement For: Primary General		Merchant Fees			
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Candidate Name		001 Category/ Type				
Senate President	ement For: Primary General Other (specify)		Merchant Fees			
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City Dallas	State Zip Code TX 75201		Amount of Each Disbursement this Period			
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American Hospital Association PAC														
Full Name (Last, First, Middle Initial) Paymentech								on ID:	: 186 ement	670	95			
Mailing Address 14221 Dallas Parkway							М		5 /	Y	ž	0 ť () ^Y	
Building Two City Dallas	State Zip Code TX 75254					Amou	nt o	f Each	Disbu	sem	ent	this I	Perio	od
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Full Name (Last, First, Middle Initial) Mentzer Media								on ID:	: 186 ement	684	81			
Mailing Address 600 Fairmount Avenue Suite 306						1 ^M 0	М	[′] ^D 0	6	Y	ž	0 ť () ^Y	
City Towson	State Zip Code MD 21286					Amou	nt o	f Each	Disbu	sem	ent	this I	Perio	od
Purpose of Disbursement TV Advertising & Production			C	004						200	00C	0.00)	
Candidate Name				egory/ ype										
Office Sought: House Disburing Senate President State: District:	sement For: Primary Ger Other (specify) ▼	neral				TV Ac	dve	tising	ı & Pro	oduc	cti-			
Full Name (Last, First, Middle Initial) GMMB								on ID:	: 186 ement	761	87			
Mailing Address 1010 Wisconsin Ave N' Suite 800	V					1 ^M 0	М	[/] 1	3 /	Y	ž	0 ť () ^Y	
City Washington	State Zip Code DC 20007					Amou	nt o	f Each	Disbu		-			od
Purpose of Disbursement TV Advertising & Production			C	004		L.				119	909	92.00)	
Candidate Name			Cat	egory/ ype										
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SUBTOTAL of Disbursements This Page (optional)			•						319	17	6.85	5	

TOTAL This Period (last page this line number only)

State:

A.

SCHEDULE B (FEC Form 3X)

District:

FOR LINE NUMBER: PAGE 104/104 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 23 25 26 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Transaction ID: 18679053 Multi Media Services Corporation Date of Disbursement 06 1[™]0 2010 Mailing Address 915 King Street City State Zip Code Amount of Each Disbursement this Period Alexandria VA 22314 206000.00 Purpose of Disbursement TV and Radio Advertising & Production 004 Candidate Name Category/ Type Office Sought: Disbursement For: House TV and Radio Advertising & Production Senate Primary General President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	•	206000.00
TOTAL This Period (last page this line number only)	—	525297.28